NATIONAL DRG VALIDATION STUDY

September 1987

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This study is dedicated to the health care professionals who labor against great obstacles to define and redefine their environment so that Aristotle's "Wise Man" will find it appropriate.

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National DRG Validation Study

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Table of Contents

Executive Summary i

Background i

Addressing the Issues i

Study Methods ii

General Findings and Conclusions iii

Summary of Specific Findings v

I. Introduction 1

Scope of Report 2

Reading this Report 2

II. Background 4

Federal Payment for Medical Care 4

Origin of Prospective Payment System 4

Origin of DRG System 5

How to Determine a DRG Payment 7

III. Methodology 10

Sample Design 10

Data Collection 11

DRG Coding Review 11

Coding Issues 15

Clinical Review Process: AEP Review 18

Appropriateness Issues 18

Physician Review 20

Clinical Review Issues 21

Data Management 23

Statistical Methods 26

Sample Characteristics 29

IV. Coding Review Results 36

DRG Changes 36
Reasons for DRG Changes 40
Financial Effects of DRG Changes 45
High Change DRGs 47
PRO Review of Coding 49
V. Clinical Review Results 53
AEP Results 53
Additional Appropriateness Factors 55
Day Before Discharge 71
Financial Effects of Inappropriate Care 75
Professional Medical Review Results 77
Quality of Care Problem Categories 81
Psychiatric Review 90
Correlations Among Problem Areas 92
APPENDIX 1

Executive Summary

Background

The implementation in October, 1983 of the prospective payment system (PPS) marked the end of the Medicare fee-for-service reimbursement system for much of the hospital community. Chapter II contains greater details of this process. In its place was a cost-containment reimbursement scheme based upon discharge diagnosis employing Diagnosis Related Groups (DRGs), a system developed at Yale during the 1960s and 1970s. The DRGs were in turn based upon the *International Classification of Diseases - Ninth Revision, Clinical Modification (ICD-9-CM).* The new PPS was intended to reverse incentives for inefficient, high-cost care that were inherent under the cost based payment system, by essentially predetermining payment for hospital discharges dependent only on patient age, principal diagnosis and/or procedure and selected comorbidities and complications. However, the ultimate foundation for the new system, ICD-9-CM, was not specifically designed to be used as a basis for payment. Thus, its impact upon the various components of the health care and patient community needed (and continue to need) monitoring and study.

The issues include:

- The ability of the hospital community to interact with the DRG system in a consistent and accurate manner.
- The degree to which coding error resulting in incorrect DRG assignment has impacted payments to hospitals.
- The effectiveness of the agencies currently in place (the Fiscal Intermediaries and Peer Review Organizations) in monitoring the accuracy of hospital coding.
- The equity and fairness of DRG-based payment levels, with respect to hospitals, patients receiving care, and the taxpayer.
- The measurability of the impact of the PPS on health care efficiency and quality.

Note that issues concerning the accuracy and consistency of coding relate to the difficulties inherent in applying ICD-9-CM. For example, ICD-9-CM was developed to classify pathological conditions and diseases and can be ambiguous or difficult to apply to specific patient conditions. Furthermore, even if coding were consistent and accurate, issues would remain concerning the equity and fairness of the DRG-based payment levels. For example, are resource requirements sufficiently homogeneous within a DRG?

Addressing the Issues

No single study can effectively address all of the above issues. However, the National Diagnosis Related Group Validation Study (Study) undertaken by The Health Data Institute™ (HDI) on behalf of the Department of Health and Human Services (DHHS), Office of Inspector General (OIG), presented in this report, include data and analyses that provide insight into some of them. The project analyzes (1) the accuracy of the diagnosis and procedure codes, (2) the impact of coding errors on DRG assignment, and (3) the potential net financial impact of implementing changes in DRG assignment based upon Study assessment. Furthermore, the study compares the results of its review with that of the Peer Review Organizations (PROs) for cases reviewed by both the Study and the PROs. Finally, the Study used its representative national sample of medical records to assess (1) the appropriateness and (2) the quality of the hospitals' services provided to Medicare patients. The study is the first of its kind, that HDI is aware of, to use accepted clini-

cal review techniques on a statistical sample of medical records. The records were sampled from all the nonwaiver states (states included in PPS at PPS's inception) nationwide to evaluate coding accuracy, and efficiency and quality of health services provided by the acute-care hospital community during Fiscal Year (FY) 1985. Since this Study will provide a baseline for future studies, important descriptive data on acute-care hospital services provided to Medicare beneficiaries are included in the specific findings.

Study Methods

OIG, in framing the study, considered the potential for differences within the hospital population with respect to its ability to cope with the demands of PPS. Specifically, consideration was given to hospital size in designing the Sample. Furthermore, OIG supplied data to enable analysis on the effect of the following factors; rural or urban locations, teaching or nonteaching status, profit or nonprofit status, and region.

OIG sampled 7,050 Medicare discharges for the period October 1984 to March 1985 for acute-care, short-stay hospitals reimbursed under the PPS. OIG randomly selected 80 hospitals from each of three bed size classes: less than 100 beds (small), 100 to 299 beds (medium), 300 or more beds (large). Thirty (30) Medicare discharges were randomly chosen from each hospital. Data for the hospital and case selection process came from Fiscal Intermediary files aggregated by the United States Health Care Financing Administration (HCFA). The nurse reviewers of HDI's Clinical Audit Division abstracted medical records from 239 hospitals (one hospital closed prior to the study), then analyzed the data to produce this report.

The basic review components involved three phases:

- ICD-9-CM coding and DRG assignment analysis.
- Determination of the appropriateness or necessity of clinical care provided.
- A quality of care analysis.

The ICD-9-CM coding portion of this study reviewed all 7,050 cases to validate the DRG which was assigned and reimbursed by the Fiscal Intermediary. This involved a blinded recoding by Accredited Records Technician (ART) or Registered Records Administrator (RRA) coders which identified those diagnoses and procedures pertinent to the patient's admission. All discrepancies capable of influencing the DRG generated a referral to a physician to validate the diagnoses/procedures which were to be coded.

The Appropriateness Evaluation Protocol (AEP) used in the clinical review component of the Study is a proven clinical audit technique for determining the appropriateness of hospital use for adult medical and surgical, gynecological and psychiatric populations. Because of differences in the appropriateness criteria used, the analyses of psychiatric patient types were segregated. A series of quality controls and rereviews by different personnel verified the reproducibility of these processes. Primary data collection was entered directly into AUTOAUDIT©, a computerized enhanced version of the AEP. The optional fields available on AUTOAUDIT© make the software flexible for expansion into the area of quality auditing. The nurse reviewers also answered a series of statements involving potentially poor quality of care cases. All cases judged insufficient on one of the quality parameters were referred to a physician reviewer. If the

physician agreed with the assessment, he or she wrote a description of findings and assisted in the analysis of the quality patterns identified.

The nurse reviewers determined whether the medical record supported the clinical narrative and coding supplied by the medical record coders. The nurses also checked the clinical inputs into the coding process.

General Findings and Conclusions

Coding Accuracy

The Study found a high incidence of coding error (18.6 percent) capable of influencing the assignment of a DRG in the nonwaiver states' discharge population. This indicates that there is a significant problem for the hospitals in applying the ICD-9-CM coding system in a consistent and accurate manner. The Study found a higher incidence of coding error among small hospitals than among large hospitals indicating that this problem is not evenly distributed among the hospital community.

The Study found a high incidence of coding errors in which Fiscal Intermediaries have assigned lower weighted DRGs (implying lower payment) based upon hospital coding. This indicates that some of the inaccuracy is likely a result of coding confusion. However, the Study also found that when there was a coding discrepancy that changed the DRG, the Study's DRG was more likely to be of lower weight than the Fiscal Intermediary's DRG. This indicates that some elements of the hospital community may be benefiting financially from their coding errors.

The Study found a higher incidence of error among some DRGs. This indicates that policy initiatives directed at reducing ambiguities in coding rules for these DRGs within PPS may be an effective way to resolve a major portion of the coding inaccuracy.

The Study extrapolated the net financial impact of DRG errors for the nonwaiver state population to $308 million. While this figure may seem large, it represents only slightly over 1.1 percent of the (nonwaiver state) PPS expenditures in FY 1985. Thus, it would appear that problems related to consistent and accurate DRG coding, although warranting investigation, do not have an overwhelming financial impact on the PPS in the time frame of the study. Furthermore, the $308 million provides a preliminary indication of the economically justifiable policy initiatives to address coding error issues. However, the methods of this Study could not address the important issue of the relationship of DRG-based payment levels and payment levels for efficient high-quality care which ultimately determine the fairness and value of the system. This latter issue might be better addressed by studies focusing on appropriate costing for the treatment of illnesses within specific DRGs and by tracking the Medicare impact on the profit margins of hospitals.

Differences among the hospital community in DRG error rates may indicate that some hospitals may be more severely impacted or may be manipulating the PPS in their favor. Thus, equity issues may require investigation.

Effectiveness of Current Monitoring Agencies

High coding error rates and inappropriate admission rates indicate that continued monitoring is warranted. This Study's clinical reviewers were far more likely to disagree with Fiscal Intermediaries than were the PROs. One reason for the discrepancies is likely to have been the controlled environment under which this study was conducted. Coder and nurse reviewers conducted reviews of medical records at a single central location (PROs review on-site at the hospital). Thus, they could readily consult each other and physicians in the decision process. The resulting synergy likely produced a more consistent and accurate audit process.

Efficiency of Health Services Under PPS

Despite PPS, there appears to be significant inefficiency in the services delivered by acute-care hospitals in the nonwaiver state hospitals that were the focus of the study. Inappropriate admission rates in the nonwaiver state population were estimated to be 10.0 percent. Fiscal Intermediary payment for these admissions was estimated at $2.0 billion (7.3 percent of the FY 1985 PPS expenditures). Note, however, that not all of the $2.0 billion would be recoupable under even the most ideal of circumstances because:

- Alternatives to inpatient care can have substantial cost.
- Policies directed at efficiency should be balanced with concern for placing patients at-risk by rejecting legitimate admissions.
- The monitoring systems designed to reduce inappropriate admission levels are not 100 percent effective and can have substantial cost.

Determinations as to the appropriateness of an admission were made based upon the entire admission. When the nurses' AEP assessment indicated that an admission might have been inappropriate, the admission was referred to physicians. Physicians made the final decision as to the appropriateness of an admission. Analysis of factors leading to inappropriate admissions indicate that policies which address specific subsets of admissions may be effective in reducing the inappropriate admission rate. An example is the DRG 39 (Lens Procedures) with an estimated 80.2 percent inappropriate rate. Others are listed in the Summary of Findings section below and are further described within the body of the report.

The day before discharge was reviewed when the admission was appropriate and the length of stay was greater than two days. The extrapolated inappropriate day before discharge rate among appropriate admissions was 34.1 percent. Thus, a substantial proportion of the cases had excessive lengths of stay. This is an indirect issue for PPS both in terms of costs for Medicare and for the hospitals. The excessive length of stay can be a hidden factor in PPS assessment of fair reimbursement level, resulting in unnecessarily high costs borne by the Medicare system. Furthermore, some hospitals may be consuming excess resources, resulting in lower hospital profits under PPS's fixed discharge payment system.

Quality of Health Services Under PPS

An issue that is clearly of interest to policy makers is whether the PPS system has provided incentives which have led to increased incidence of poor quality care. Fiscal incentives prior to

PPS, were to provide excess services, thereby increasing revenue. The fiscal incentives of this system, which provides a fixed payment per case, would be to reduce the level of care provided, thereby maximizing profit by reducing cost. Thus, under PPS there is potential for fiscal incentives to induce unacceptably low level of service provided to patients. An example is fewer days in the hospital than are medically necessary, i.e., premature discharge.

Determining that the quality problem is one of patient neglect does not prove that either malicious intent or perverse incentives of PPS were the cause. No baseline level of quality exists for comparison. However, an analysis of the categories of poor quality was conducted. Categories that may be considered patient neglect include: improper monitoring of patient during the evaluation phase, lack of testing, failure to prescribe labs, electrocardiograms (EKGs), chest x-rays(CXRs), diagnostic tests, and/or cultures during the diagnostic phase, and no treatment rendered, lack of consistent treatment, delay in aggressive therapy, no aggressive therapy during the treatment phase. These categories were the primary cause of the quality problem citation in 148 (31.9 percent) of the identified 464 poor quality cases. These categories appeared in the case summaries for 371 (80 percent) of the 464 sample quality problem cases. The rate of poor quality was higher when the patient died (17.2 percent) as contrasted with patients discharged alive (5.9 percent). This analysis is not conclusive. However, it indicates that further investigation of this issue is warranted.

Summary of Specific Findings

The findings below are discharge-weighted averages which are extrapolated averages for the population of nonwaiver state FY 1985 cases (see discussion in Reading this Report). Analysis of the Study's results reveals the following DRG coding results:

- An overall error rate of 18.6 percent in the assignment of codes required for accurate DRG assignment.
- A statistically significant finding that smaller hospitals have a higher rate of recommended DRG changes in total and recommended DRG changes to lower weights than larger hospitals.
- An estimated 7.4 percent of cases contained DRG errors resulting in lower payments to hospitals.
- An estimated 11.1 percent of cases contained DRG errors which resulted in higher payments to hospitals.
- A statistically significant finding that changes recommended by the audit techniques applied in this study are more likely to result in a lower weight DRG.
- Incorrect identification or sequencing of the principal diagnosis by the attending physician caused the majority of coding errors.
- The coding changes decrease the Sample's case mix index from 1.1101 to 1.0970.
- An estimated $308 million of the nonwaiver state $27.4 billion FY 1985 PPS payments were excessive due to the inaccuracy of the hospital coding.
- There were substantial differences in the rates of inaccuracy with respect to different DRGs, indicating that there are specific DRGs which are difficult to code, or are manipulated, or both.

- For 96 percent of the sample cases reviewed by both the PROs and HDI in which HDI disagreed with the Fiscal Intermediary on DRG assignment, HDI also disagreed with the PRO. For these cases, the PRO-Fiscal Intermediary agreement rate was nearly 88 percent, indicating that the methods used by HDI to review cases would yield a higher rate of rejection of DRG assignment and lower payment levels.

The Study also employed medical review to quantify clinical efficiency. The following are the major findings of this review:

- Patients not requiring hospitalization represented ten (10.0) percent of the population.
- Small hospitals, for-profit hospitals and nonteaching hospitals have significantly higher rates of inappropriate admissions than do larger, nonprofit and teaching hospitals, respectively.
- This rate of inappropriate admissions implies that HCFA paid $2.0 billion for inefficient PPS services in FY 1985.
- The highest inappropriate admission rate (14.9 percent) among the various admission referral sources occurred as a result of physician admission practices.
- Surgical admissions had a higher inappropriate rate (11.8 percent) than medical admissions (9.6 percent).
- Female admissions represent 53.8 percent of all admissions and 59.8 percent of all inappropriate admissions.
- The inappropriate admission rate declines with increasing patient age from 11.3 percent (15 to 60 years) to 9.4 percent (81 or greater years).
- Fiscal Intermediary DRGs with high inappropriate admission rates include: Lens Procedures (80.2 percent), Pathological Fractures (30.6 percent), Esophagitis, Gastroenteritis and miscellaneous digestive disorders (26.8 percent), Otitis Media and Upper Respiratory Infection (25.7 percent), Medical Back Problems (25.2 percent), Respiratory Neoplasms (19.1 percent) and Diabetes (18.9 percent). This group of DRGs represents 24.2 percent of all inappropriate admissions.
- Major diagnostic catagories (MDCs) with high rates of inappropriate admission include: Eye (70.8 percent), Other Health Factors (37.3 percent), Ear, Nose and Throat (22.4 percent), Burns (20.6 percent), Alcohol and Drugs (18.6 percent), Mental Diseases (16.0 percent) and Musculoskeletal (15.4 percent).
- The principal procedure with the highest inappropriate admission rate was Lens Extraction (83.9 percent).
- Of the appropriate admissions, 34.4 percent met only one AEP criterion for appropriateness. In 57.5 percent of the cases that were appropriate based on a single criterion, the criterion met was intravenous therapy.
- For 88.7 percent of the inappropriate admissions, the appropriate setting would have been outpatient.
- In 34.1 percent of appropriate admissions the day before discharge was not appropriate.

The Study also employed medical review to analyze clinical quality. The key findings were:

- Poor quality care "not meeting professionally recognized standards" was provided in 5.5 percent of cases in the population.
- Small hospitals, nonteaching hospitals and rural hospitals had significantly higher rates of poor quality care than their large, urban, teaching counterparts.
- The quality problem rate increases with increasing patient age.

- DRGs with high rates of quality problems include: Septicemia (16.6 percent), Circulatory Disorders with Acute Myocardial Infarct (heart attack) (16.5 percent), Seizure and Headache (13.8 percent), Digestive Malignancy (10.7 percent), and Renal Failure without (w/o) Dialysis (9.8 percent).
- MDCs with high rates of quality problems include: Other Health Factors (13.2 percent) and Mental Diseases (12.2 percent).
- The principal diagnosis with at least 30 cases and the highest quality problem rate was Transient Cerebral Ischemia (9.2 percent).
- Over $1.2 billion was paid by Fiscal Intermediaries for cases involving some substandard quality within the services provided.
- Patients were discharged before they were clinically ready to leave the hospital in 0.8 percent of the cases.
- Small hospitals had a higher premature discharge rate than medium and large hospital.

As noted above, this Study provides a baseline for future studies. Thus, descriptive information regarding features of the acute-care Medicare population and the hospitals serving this population in nonwaiver states are of significance. These are summarized below:

- Females accounted for 53.8 percent of the patient population.
- Patients averaged 74 years of age.
- Patients had average lengths of stay of 7.5 days.
- Patients receiving medical vis-a-vis surgical services accounted for 78.7 percent of the patient Population.
- Of the cases 25.9 percent were elective admissions, 52.5 percent were urgent admissions, and 20.6 percent were emergency admissions.
- Case referrals represented 51.7 percent physician referrals, 40.4 percent Emergency Room referrals.
- Of the admissions, 77.8 percent of cases were admitted for workup/evaluation, 17.6 percent were admitted for performance of a procedure.
- In 73.4 percent of the cases patients were discharged to their homes, 6.4 percent expired.
- More Medicare *patients* were discharged from large hospitals than small hospitals. More *hospitals* serving Medicare patients were small hospitals than large hospitals.
    - Of the 8.3 million hospital Medicare discharges from acute-care hospitals in nonwaiver states in FY 1985, 18.4 percent were from small hospitals, 37.5 percent were from mid-size hospitals and 44.1 percent were from large hospitals.
    - Of the 4,913 nonwaiver state acute-care hospitals serving the Medicare population in FY 1985, 51.6 percent were small hospitals, 32.6 percent were mid-size hospitals, and 15.8 percent were large hospitals.
- More Medicare *patients* were discharged from urban hospitals than rural hospitals. More *hospitals* serving Medicare patients were rural hospitals than urban hospitals.
- Teaching facilities made up 16 percent of the nonwaiver state acute-care hospitals. These teaching facilities served 32 percent of the FY 1985 Medicare inpatient population.
- Nonprofit facilities made up 84 percent of the nonwaiver state acute facilities and they served 90.4 percent the Medicare discharges.

I. Introduction

The health care system continues to respond to a diversity of changes in the delivery, utilization and reimbursement of health care services. No single change has more far-reaching implications than Prospective Payment System (PPS) instituted on October 1,1983. PPS changed the structure of reimbursement for Medicare inpatient care. Under the system, hospitals receive a fixed per-case payment, with the compensation based upon case classification within Diagnosis Related Groups.

Although PPS was intended to change the cost-based reimbursement to a fixed amount based on the admitting diagnosis determined prospectively only for the Medicare population, many states and private insurers are adopting this payment system as well. PPS's rapid acceptance into the health care delivery environment strengthens OIG's concern to monitor the outcome of this approach.

Among its early proponents was Former Secretary of Health and Human Services, Richard Schweiker, who declared in his December, 1982 Report to Congress that the DRG-based PPS:

> "will provide hospitals [with] an incentive to improve efficiency, will establish Medicare as a prudent buyer of hospital services, will reduce the administrative burden on hospitals, and will assure beneficiary access to quality health care)."

With health care expenditures projected to grow to $640 billion by 1990 (Arnett, McKuskik, et al. 1986), or 11.3 percent of the gross national product, assessing this claim for PPS has become increasingly important.

To measure this impact, sufficient time had to elapse under PPS's influence. The Office of Inspector General saw the importance of monitoring these changes and in July of 1985 issued a Request for Proposal (RFP-81-85-HHS-OS). The Health Data Institute responded and was pleased to be awarded, upon competitive bid, a contract to conduct this Study in October of 1985.

The purpose of the Study is to ensure, through the review of a national sample of medical records, that the diagnostic and procedural information reported by the hospitals, which resulted in Diagnostic Related Groups assignments by the Fiscal Intermediaries, is substantiated by the medical record. With this in view, OIG wished to monitor the efficiency of the care provided and the quality and medical necessity of the services paid for during the first two years of PPS existence.

The national sample allowed for this multiple review to develop a baseline analysis of the PPS in operation in the Medicare population during Fiscal Year 1985.

Scope of Report

This report includes an Executive Summary, discussing general findings as they address the basic issues of PPS, and a list of specific findings with respect to coding accuracy, efficiency of services provided, and quality of care. Furthermore, it includes a list of findings characterizing the acute-care hospital Medicare patient population and the hospitals serving this population.

Aids to the reader are in the Appendix including a brief glossary of terms, additional tables, and supporting statistical information. The Appendices also contain brief biographies of the principal contributors to the project.

Chapter II acquaints the reader with the historical background and legislative history of the reimbursement system and lays the groundwork for appreciating the implications of the data. Chapter III discusses the methodology employed during the data collection phase of the project and subsequent analysis of the Study findings. Chapter IV presents the findings of the coding and DRG assignment implications. Chapter V discusses the results of the clinical review including the Appropriateness Evaluation Protocol and the quality review of the clinical care observed.

One limitation of the Study is inherent in any baseline analysis, the lack of comparison data. Another feature of the Study which was novel for AEP studies was the use of physician review of the entire admission when determining the appropriateness of the acute setting. Typical AEP studies rely on analysis of the admission day and a randomly selected day of care. Clearly, this makes comparisons to earlier AEP studies difficult. Furthermore, since the time frame of the Study, the hospital community has had time to adjust further to PPS. Follow-up studies would certainly help to place this baseline in perspective.

The focus of interest in the Study results is both the behavior of PPS within the hospital community and in the care provided to the beneficiaries it was designed to serve. Statistics to address these two separate issues have different forms. This has added to the complexity of the statistical analysis contained within the report. Thus, the following guide is offered to readers to assist in understanding the approach.

Reading this Report

This report contains complex statistical analysis, that may not be easily accessible to the general reader who may have some very legitimate reasons for understanding its contents. The reason for the complexity is to establish which apparent differences observed in the sample are statistically significant. Though the report contains statistics to enable verification of the cited results, these are not essential to understanding the report. An additional factor that has made this report complex is the structure of the sample. The sample was drawn in two stages: first hospitals were grouped (stratified) into three classes:

- small hospitals with less than 100 beds
- medium-sized hospitals with 100 to 299 beds
- large hospitals with more than 300 beds

Eighty hospitals were then selected from each group. Finally, 30 discharges were selected from these hospitals. As a result, the *sample average rates* (of DRG changes, inappropriate admissions, etcetera) were not representative of either the typical hospital or typical discharge in the population. Furthermore, simply extrapolating sample rates would yield biased estimates of dis-

charge volumes. To account for these differences, weighting schemes were used, described in Chapter III of this report, to obtain population hospital average rates and population discharge average rates, and population discharge volumes. Sample volumes and rates have been included for comparison to these weighted averages and volumes to give the general reader some comfort in the methods and Table results. The *hospital* weighting scheme is useful in characterizing typical hospitals: such as in the statement that the average nonwaiver state hospital serving Medicare populations in FY 1985 had an inappropriate admission rate of 11.3 percent. The *case weighting scheme* is useful in characterizing cases: the FY 1985 average nonwaiver acute-care case was inappropriately admitted 10.0 percent of the time, and for extrapolating to the volume of FY 1985 nonwaiver state acute-care inappropriate admissions: 826,000.

II. Background

Federal Payment for Medical Care

The history of the federal government's involvement in health care finance is nearly as old as the republic itself. The first session of Congress passed a compulsory hospital insurance program for merchant seamen. A program for public funding of health care was next raised in 1912 by Theodore Roosevelt's Progressive Party Platform. While proposals for a more inclusive role for the federal government were discussed throughout the 1930s, it was not until 1945 that President Truman transmitted them to Congress where they were met with resistance.

The first linkage of the elderly with national health care occurred in 1941 when Oscar Ewing, chairman of the Federal Security Agency, predecessor to the current Department of Health and Human Services, suggested using the Social Security Old Age and Survivors' Insurance Trust Fund (OASI) to fund health care for the elderly. However, no political consensus emerged to enact such a plan in the 1950's. Federal health insurance for seniors was a major issue in both the 1960 and 1964 presidential campaigns. After his election, President Johnson felt that he had a mandate and proposed Medicare. He signed Public Law 89-97 on July 30, 1965.

While the benefits provided under Medicare have changed slightly since its inception, basically it is comprised of two parts. All social security recipients are eligible for coverage under Part A, which pays a portion of the recipient's hospital expenses. Beneficiaries also may elect to pay a premium to be covered under Part B, which provides financial coverage for some outpatient medical expenses.

The price for this expansion of medical coverage has increased dramatically. Prior to the establishment of the Medicare prospective payment system, the cost of a Medicare hospital admission had risen from an average of $316 at the program's inception in 1965 to $2,168 in 1981. By that year, approximately 40 cents of every hospital dollar nationwide was paid by various government programs. The total cost to the Hospital Insurance Trust Fund of inpatient care for Medicare beneficiaries increased from $3 billion in fiscal year 1967 to $39.7 billion in 1984. National health care spending took an ever increasing share of the Gross National Product (GNP), rising over 10.8 percent in fiscal year 1983.

Origin of Prospective Payment System

By the early 1980s Medicare had become the second largest domestic line item in the budget, trailing only social security. The difference between Medicare's 1981 and 1982 hospital costs was larger than the entire 1982 appropriation for the National Institute of Health. Indeed, the rising cost of Medicare threatened to undermine the entire system's solvency. The Hospital Insurance Trust Fund was depleting rapidly and was projected to run a deficit by the 1990s. This gap in reserves would be further exacerbated by unfavorable demography of the ratio of contributing workers to Medicare recipients in the decades ahead. Analysis by both DHHS and the Congress attributed at least part of the fault for the rapidly increasing costs to the retrospective cost-based reimbursement method then being used.

While Congress did not enact the prospective payment system until 1983, it recognized the need to develop alternatives to the fee-for-service system from the beginning of Medicare. During the

congressional debate over the original bill, Congress decided not to pay whatever a hospital charged, but rather the "reasonable costs" of a patient's care. Using this system the government attempted to exert some degree of control over hospital costs. Yet this system of payment provided no incentive for a hospital to become operationally efficient. Indeed, the higher the cost for a patient's care, the larger the reimbursement it received from Medicare. Because a large portion of a hospital's expenses are fixed, and not dependent on the amount of care given to an individual patient, it was economically beneficial for the hospital to provide inefficient care.

In 1967 Congress permitted Medicare to commission voluntary research projects on alternative payment schemes designed to provide hospitals incentives to become more efficient. While a number of studies were undertaken, they provided limited data because of a lack of industry participation. Legislation which was passed in 1972, allowed states to develop their own compulsory reimbursement systems that differed from the standard cost-based system. A number of states experimented with a variety of alternatives and acted as laboratories for the development of a prospective payment system. Through Public Law 97-603, Congress also standardized the first step toward the adoption of a Federal prospective reimbursement system which allowed the then Department of Health, Education and Welfare (DHEW) to set ex ante limits on routine per diem inpatient cost.

By 1978 a consensus had emerged that the retrospective cost-based system needed to be dramatically altered. The 1978 End Stage Renal Disease Amendments authorized a prospective payment system for dialysis, the first time a Medicare service had not used a retrospective fee scale.

The passage of the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) changed the basis for payment from a per diem to a case-based system. The vague "reasonable cost" standard memorialized by previous legislation would no longer be acceptable for reimbursement. Rather, HCFA would deny costs higher than 120 percent of average costs of comparable hospitals treating similar cases, after costs are adjusted for case mix and regional wage scale disparities. In addition, for the first time hospitals were provided with an incentive to be cost efficient. If a hospital had costs below a target rate, it received a bonus on top of the costs. More importantly, TEFRA mandated that the Secretary of DHHS submit to the next session of Congress a substantive proposal for the comprehensive restructuring of the Medicare reimbursement system utilizing a prospective payment method.

Origin of DRG System

This proposal became incorporated into the Social Security Amendments of 1983 (Public Law 98-21). The prospective payment system became effective on October 1, 1983 and used a classification scheme for establishment of a discharge diagnosis-based system entitled Diagnosis Related Groups. This system for discharge diagnosis classification was developed at Yale University by Robert B. Fetter and colleagues in the late 1960's and enunciated in 1977. The system was then revised following an extensive demonstration project in New Jersey.

While the Yale researchers recognized that each patient presented to the hospital with a unique physiology and history, they believed that a classification framework could be developed that grouped patients with similar clinical conditions and demographic characteristics into sets possessing a homogenous requirement for consumption of hospital resources.

The DRG system was developed using a population of over 1.4 million records. From that group, the researchers chose a sample of approximately 400,000 abstracted records. In creating the DRG system they articulated the following objectives:

- It must be medically interpretable and clinically sensible. Physicians should be able to accept the underlying analysis for the classification scheme and be able to understand a patient care process for any particular patient.
- Sets should be defined using variables that are easily obtained from hospital abstracts.
- There should be a manageable number of sets that are also exhaustive and mutually exclusive.
- Sets should contain groups of patients with an average similar expected measure of hospital resource use.
- Definitions used in creating the sets should be compatible between various coding systems.

The Yale researchers selected length of stay to best define hospital resource use. They chose it because of its correlation with actual costs, as well as its simplicity and reliability.

It should be noted that Professor Fetter is an expert in industrial quality control and was most interested in developing a scheme to define the product of a hospital in a manner comparable to that used in other service enterprises. The DRG system, while financed in large part by DHEW, was not developed as a system for prospective Medicare reimbursement, but rather as a practical system for monitoring both quality assurance and utilization review.

Because the present use of the DRG scheme differs from its originally intended uses, difficulties have arisen when adapting it to support a prospective reimbursement system. For example, an acute myocardial infarction (DRG 121) is distinguished separately from angina pectoris (DRG 140); the consumption of hospital resources is actually different for these two DRGs. However, this system does not distinguish between various levels of hospital resource consumption within a given DRG. Influenza in a person of generally robust health has a shorter length of stay and less need for hospital resources than the same illness affecting a person in generally frail health, yet the present DRG format makes little distinction between these two cases.

This weakness has not gone unnoticed by the government, the health policy community, or the hospitals. Researchers have continued to work on both further refining the DRG classification format to take into account these problems as well as to develop new foundations for establishing prospective payments.

How to Determine a DRG Payment

PPS implementation depends on four principal organizations. First, the Health Care Financing Administration, an operating division of DHHS, administers the Medicare Trust Fund derived from tax revenues and beneficiary premiums. HCFA uses these funds to pay health care "providers" such as hospitals, physicians, and nursing homes for their services to its beneficiaries. Second, instead of receiving and paying bills directly, HCFA employs the services of Fiscal Intermediaries, who receive, process, and pay the provider claims. HCFA then reimburses the Fiscal Intermediaries for these costs. The Fiscal Intermediaries include many local Blue Cross-Blue Shield organizations and commercial health insurers because of their experience with claims processing. HCFA permits providers to select their own Fiscal Intermediaries. Third, HCFA contracts with a Peer Review Organization for each state and territory which evaluates utilization and quality control. The PROs monitor whether the "services and items are or were reasonably necessary..." and that "the quality of such services meets professionally recognized standards of health care...." Congress also mandated the creation of the Prospective Payment Assessment Commission (ProPAC), an advisory committee chartered to evaluate the functioning of the system and recommend changes it deems necessary.

The DRG system is based upon folding all discharge diagnoses into 23 major diagnostic categories (MDCs) defined in ICD-9-CM diagnostic codes. The three volume *International Classification of Diseases, 9th Revision, Clinical Modifications* uses a five digit code to classify 10,171 diseases by taxonomy, and a four digit code to describe 1,086 types of diagnostic and therapeutic procedures. The National Center for Health Statistics (NCHS) originally sponsored the development of ICD-9-CM to automate the collection of morbidity and mortality statistics for epidemiological research. Accordingly, ICD-9-CM classifies diseases by their pathological causes. PPS radically changed ICD-9-CM from its intended use of classifying diseases and operative procedures for statistical purposes to its present use for DRG assignment and ultimately hospital reimbursement. By using a system of records created for a different purpose, certain taxonomic problems have arisen.

Payment for a Medicare claim commences with the patient's discharge from the hospital. At that time, the attending physician (1) lists the principal diagnosis, secondary diagnoses, and any inpatient procedures on the front of the chart; and (2) signs an attestation certifying the correctness of these statements. The hospital then assigns ICD-9-CM codes to all diagnoses and procedures for each discharge, using the rules of the Uniform Hospital Discharge Data Set (UHDDS). It enters up to five diagnosis codes and three procedure codes on its claim form. Then the Fiscal Intermediary, chosen by the hospital, uses these ICD-9-CM codes to generate a data tape to Medicare for the patient's care using two computer programs supplied by HCFA:

- GROUPER, to establish the correct DRG classification.
- PRICER, to calculate the payment due to the hospital.

The variables used by the GROUPER software for dividing cases in MDCs into the individual DRGs are:

- More precise clinical diagnoses
- The use of major medical or surgical procedures

- Demographic data
- Comorbidity/complications
- Status at discharge

Once a medical claim is placed in a particular DRG by the process outlined above, that DRG is assigned a value, called a Relative Weight, which reflects the intensity of hospital resources used for the average patient in that DRG. Thus, cases with a Relative Weight of 2.0 would, on average, require twice as many resources as the average case for the average hospital. These Relative Weights were calculated by analyzing historical Medicare charge and cost data from 1981. For example, heart surgery has a higher Relative Weight than angina.

Finally, the PRICER program uses Relative Weight to calculate the actual dollar amount paid to the hospital for the patient's care regardless of the actual costs. This amount depends primarily on the weight of the DRG assigned to the case, but varies according to the average weight of all cases at the admitting hospital, its teaching status, geographical region, urban/rural status, and capital structure. If the hospital spends more on the care of the patient than it is reimbursed, it suffers a financial loss. Conversely, if it efficiently delivers care at a cost less than the amount reimbursed, it enjoys a profit.

There were 470 DRGs as of October 1983. Further analysis by HCFA has led to the creation of additional DRGs since then.

At the commencement of PPS, both HCFA and the Congress recognized the profound effect that this new reimbursement scheme would have throughout the health care field and tried to make the transition as smooth as possible. This transition from hospital-specific to uniform national rates of payment for each DRG occurred gradually. HCFA phased in PPS over a three year period. In the first year, 75 percent of a hospital's reimbursement was derived from its cost history. This percentage declined yearly by 25 percent until by 1987 the total reimbursement would be independent of a hospital's current or historical costs.

At present, before a hospital gets paid for a given patient's care, that patient's DRG weight is modified by both a national rural or urban standardized payment amount and wage index. The national standardized payment figure (standardized amount) represents the operating cost per discharge regardless of DRG for all rural or urban hospitals. The wage index reflects the cost of labor in the locale in which a given hospital is located. Thus:

		Urban/Rural		Regional				
DRG	X	National	X	Wage	X	Hospital	=	Hospital
Weight		Payment Amount		Index		Multiplier		Payment

The prospective payment system also provides safeguards for hospitals admitting unusually costly cases. A case may be designated as an "outlier" and thus exempt from the prospective payment schedule, if its length of stay or accumulated acceptable charges deviate from the norm for a particular DRG by a fixed number of standard deviations. HCFA regulations mandate that no more than a given percentage of Medicare payments may be disbursed for outlier cases in a year.

PPS also exempts certain classes of specialty institutions: long-term hospitals, children's hospitals, psychiatric hospitals, 'sole community' hospitals and dedicated cancer treatment and research centers. They remain under the retrospective cost system.

Medicare also makes direct payments to hospitals for such items as residents' salaries, bad debt and the increased cost of care resulting from medical education. Capital related costs are being phased out of direct Medicare reimbursement. These items had originally been structured into the fee-for-service charge schedule prior to the adoption of Prospective Payment.

The subject of this report is the degree to which PPS, based on the ICD-9-CM coding system, is working.

III. Methodology

Sample Design

The DHHS Office of Inspector General designed and funded this Study. It created the sample design, obtained most of the medical records, prescribed the procedure for coding reabstraction, and approved the methodology for reviewing clinical results.

The National DRG Validation Study used a stratified two-stage sampling design based on hospitals. The Sample divided the population of hospitals meeting the Study's eligibility criteria into three groups based on bed size: less than 100 beds (small), 100 to 299 beds (medium), and 300 or more beds (large).

The first stage used simple random sampling without replacement to select 80 hospitals within each strata for a total sample size of 240 hospitals. Three criteria defined the hospitals in the sampling frame. First, it included only acute-care, short-stay facilities. This test excluded specialty institutions, such as children's hospitals. Second, as of October 1, 1983, a waiver provision exempted New York, New Jersey, Massachusetts, and Maryland from PPS. The Sample therefore excluded facilities in these states. Third, each facility had to have contributed data to the construction of the initial Relative Weights assigned to DRG categories at PPS's inception. These initial Relative Weights derived from the 20 percent sample of each facility's 1981 Medicare discharges. In other words, each facility in the Study had to contribute discharges to the construction of the initial Relative Weights and to participate as a provider at the beginning of PPS, October 1, 1983.

The effective universe of hospitals available for study numbered 4,913. Of the initial sample of 240 hospitals, one facility terminated its Medicare eligibility between the sampling time frame and the actual collection of medical records. The first stage sample, therefore, included 239 (4.9 percent) randomly selected, short-term, acute care facilities eligible under the Medicare program at least since 1981 and not located in a waiver state.

The second stage of the design employed systematic random sampling to select 30 Medicare cases from each of the 239 hospitals. HCFA's Bureau of Data Management and Strategy supplied a list of all final bills received by HCFA from the Fiscal Intermediaries through April 30, 1985. Each bill represented one Part A Medicare discharge between the time period October 1, 1984 to March 31, 1985. If a facility had less than 30 discharges during the applicable period, the sample design selected all its available Medicare discharges.

Note, that a discharge refers to a single episode of care (admission to discharge) at an acute-care facility. In the normal technical terminology, a case may consist of multiple episodes relating to a single diagnostic condition. However, for economy of space within tables and to reduce the level of technical jargon, case has been used in place of discharge or episode in all subsequent discussions and tables. Since the analyses were all based upon single inpatient episodes as distinct from case-based analyses, this should not cause confusion.

Data Collection

Photocopies of charts collected by OIG were delivered to HDI by OIG personnel and immediately placed in a secured, limited access area. Each chart was manually checked against a master list of those requested from the hospital to verify the correctness of the patient, as well as the admission and discharge dates. All charts were registered and numbered with a two part number (i.e., xxx-yy) where the first three digits designated the hospital (001 to 239) and the last two digits designated the chart number (01 to 30).

Of the 239 hospitals contacted to submit patients' charts for this Study, 200 supplied all charts as requested. Letters from HDI to the remaining 39 hospitals produced 31 other missing charts. Eight charts were reported as 'lost' or 'unavailable' by the hospitals. OIG action, including administrative subpoenas, assisted in securing some of the missing charts.

In the course of review, HDI found 273 charts to be missing reports (e.g., attestation sheet, operative notes) required for review. In 264 of these cases, a letter from HDI to the hospital produced the missing documentation. HDI reviewed, to the detail possible, the few cases that did not have complete documentation. The Appropriateness Evaluation Protocol reviews were all able to be completed entirely with the documentation available. A missing attestation sheet meant a hospital DRG could not be calculated, however, it did not prohibit HDI from assigning a DRG based on the chart documentation.

A central record location monitoring system was developed to keep track of the location of each chart in the complex review process, and to find it, when necessary. This was particularly useful when charts were routed from one study phase to another (e.g., DRG validation, AEP, quality and physician reviews).

DRG Coding Review

Blinding

On each chart, HDI identified sheets on which the hospital had noted ICD-9-CM codes. These documents most commonly included an attestation sheet, face sheet, discharge summary, and DRG work sheets. They occasionally appeared on the history and physical notes or other sections. All codes were blinded with colored (but removable) adhesive tape.

At the time a chart was initially coded, the coder was unaware of the codes or the sequence of the codes assigned by the hospital. All other information in the entire chart was available for review. In general, photocopies were of reasonable quality, and care was taken by the hospitals to separate overlapping sheets (such as lab slips) prior to copying.

ICD-9-CM Coding

Because hospitals usually collate reports in the same order in every chart, a single coder generally reviewed all charts from one hospital before moving on to the next. Nurse reviewers followed the same process. This method facilitated efficiency, as much of the time required to do a review is spent finding reports in each chart.

Narrative diagnoses were generally identified in a variety of locations including:

- Admission/transfer sheets
- History & Physical (nursing and physician) sheets
- Consultation notes
- Procedure notes (operative, imaging, electrophysiologic, etc.)
- Pathology reports
- Discharge summaries
- Attestation sheets

Coders validated diagnoses and procedures listed on the attestation sheet by the attending physician from primary chart sources. Coders were instructed by HDI to remove invalid descriptions and to add narrative diagnoses and procedures supported by the chart but not listed on the attestation sheet. In addition to validating the narrative, coders determined the correct sequence of valid narratives under UHDDS and ICD-9-CM guidelines.

Physician Referral

Whenever the above evaluation assessments resulted in a change of the diagnostic and/or procedure codes, the case was evaluated for a referral to a physician diagnostic consultant, unless the coder determined that the change would not result in a different DRG. These cases, therefore, underwent physician review under the following circumstances:

- A change in the narrative principal diagnoses
- The deletion of the only valid complication or comorbidity (CC)
- The addition of a CC when none was listed
- A change in the principal procedure
- The addition or deletion of a secondary procedure

Difficult cases were reviewed and discussed by a panel of physicians, who arrived at a final decision.

DRG Discrepancy

The Fiscal Intermediary DRG was the point of comparison to establish the difference between what the Medicare system reimbursed the hospital and what the patient's medical record supported as the DRG for that admission. One would expect that the hospital DRG would be identical to the Fiscal Intermediary DRG because the Fiscal Intermediary obtains its diagnoses and procedures from the hospitals off their attestation sheets. For this reason, we initially compared our HDI codes and DRGs to the hospital narrative on the attestation form (the codes remained blinded) to provide a tentative comparison. A final comparison was performed upon merging of the HDI data with the Fiscal Intermediary data to identify those cases with DRG disagreement. We discovered that there were instances (78) where the Fiscal Intermediary and hospital DRG did not match. Possible explanations include:

- The PRO may have instructed the Fiscal Intermediary to make an adjustment on the diagnoses and/or procedures in their database following PRO review of the diagnoses and procedures documented in the record. The hospital or physician may not have made the same changes to the actual record.
- An error may have occurred in transmission of the diagnosis and procedure codes to the Fiscal Intermediary (e.g., transposition of numbers, omitting a code).
- The patient may have had a biopsy and the Fiscal Intermediary changed the codes to equate the "open and closed" terminology which changes a DRG. The Fiscal Intermediary may have made other changes required by the Medicare Code Editor as applied by the Fiscal Intermediary.
- An interhospital patient may have transferred to an exempt unit, so that only final case information was available.

The nurse AEP review and physician appropriateness/quality review occasionally identified instances of diagnosis/procedure errors which the coder had not documented. These were all referred back to a coder for resolution.

The coder then explained the reason for the DRG discrepancy on 'Page 4' of the coding abstract (see Appendix). Most cases, which had been previously reviewed by the physician diagnostic consultant, and internally documented by a coder and physician, contained sufficient clinical information to easily identify a reason for differences in DRG assignment. In others, the coder identified unusual circumstances such as:

- A data entry error affecting HDI or hospital code.
- A clear coding error (e.g., digit transposition) involving HDI or hospital coder.
- Existence of a subtle coding difference between HDI and hospital coders not considered by the HDI coder during the initial coding phase. These charts were sent to the physician unless the case had previously been reviewed by the physician diagnostic consultant and already contained sufficient notes to resolve the issue.

Quality Control

A recoding system assessed the inter-reviewer reliability of the coding being performed. A rereview of a blinded record was performed by a coder other than the original coder on five percent of the Sample. This consisted of a complete review of the medical record, the attestation sheet, coding the valid diagnoses/procedures and referring the record to the physician diagnostic consultant as necessary. The abstract completed on the recoding was then compared to the initial abstract. The overall agreement rates and the kappa statistic, K, were calculated. The kappa statistic, K, offers a statistical check on agreement with a correction for the chance expected agreement. The overall agreement rate was 95 percent, K=0.856 (excellent agreement), Z=2.12 (kappa is significant).

The senior physician diagnostic consultant developed clinical guidelines to be utilized by all coders for a few commonly occurring diagnoses that are, from a coding standpoint, ambiguous diagnoses. The specific criteria in the clinical guidelines (see Appendix) addressed the following problems:

- Urinary tract infection
- Transient ischemic attacks

- Chronic obstructive pulmonary disease
- Diabetes mellitus
- Hypertension
- Uremia
- Blood loss anemia
- Congestive heart failure

Data Entry and Information Processing

After the initial phase in which coders evaluated each chart, a physician reviewed those with problems and assigned a final set of codes to each chart to create the HDI DRG.

The colored 'blinding tape' was then removed from the charts, and both the hospitals' and HDI's codes were entered into a computer database (along with the appropriate control and demographic data).

HDI matched this database to the tapes containing payment and DRG information from the Fiscal Intermediary, PRO information (if any), and the AEP data collected on the same sample records.

The Medicare approved 'grouper' program (Health Systems International, Version 2.0) processed the HDI and hospital codes and generated DRGs. The resultant DRGs as well as those from the Fiscal Intermediary (and, when available, the PRO) were compared. Charts for which there was less than full DRG agreement were identified for further review (see Flow and Control Chart in the Appendix). Upon resolution, codes were corrected, if necessary, and DRGs reassigned, the DRG matching program was re-run, and final reasons for DRG differences were assigned and entered into the database.

Coding Staff Qualifications

All coders were certified Accredited Records Technicians (ART) or Registered Records Administrators (RRA) and had extensive ICD-9-CM coding experience in an acute hospital setting. Credentialled RRAs/ARTs are trained in anatomy/physiology, the study of diseases, and medical terminology for review of patient medical records and the subsequent application of ICD-9-CM codes. The Study's initial coding consultant has RRA and MPH degrees, is a nationally recognized medical record educator and administrator. Physicians were involved in the coding validation process as arbiters of clinical issues with coding implications. These physicians all had experience in interpretation of health insurance data, and are thus familiar with the data quality, diagnostic precision, and UHDDS coding rule issues involved in code assignments. HDI's initial expectation was for a coder to review approximately 18 charts per day. The actual average was 15 to 18 charts per day. This is a typical average volume for experienced coders reviewing complex medical records.

Coding Issues

The onset of the coding/DRG validation process required coder consistency when reviewing medical records and coding the pertinent diagnoses and procedures. Accordingly, the coding consultant prepared a course for the coders in which they reviewed the ICD-9-CM, UHDDS, DRG coding rules, and HDI review procedures to be maintained throughout the Study. The coders were made aware of the impact and difference between traditional habits and the correct practices expected on DRG assignment.

Principal Diagnosis

The most important discrepancy pertained to all cases in which the DRG was affected by coder uncertainty concerning the principal diagnosis or the coder could not find documentation for the existence of any diagnosis. These cases were referred to a physician for review. Technically correct coding requires this to be the patient's attending physician. As this is impossible under study conditions, an HDI physician acted as a proxy for the attending physician.

One issue of particular note relates to the definition of "principal diagnosis". Considerable confusion exists in the physician community about the term: principal diagnosis. UHDDS provides an unambiguous definition of this term:

> "...the condition established, after study, to be chiefly responsible for occasioning the admission of the patient to the hospital for care."

Instead of principal diagnosis, many clinicians use primary diagnosis, discharge diagnosis, or other concepts. Consider a patient who enters the hospital with angina and cardiac ischemia, who may subsequently experience a myocardial infarction with cardiac arrest, be resuscitated but remain brain dead, and be discharged in a vegetative condition to a skilled nursing facility. The discharge diagnosis may be 'anoxic brain damage'; the primary diagnosis may be expressed as 'cardiac arrest'; the principal diagnosis is 'preinfarction angina.' If used as principal diagnosis, the first two, although clinically correct, would lead to erroneous DRG assignments.

To magnify the confusion, while a few hospitals have created attestation sheets with the principal diagnosis definition printed on it, many hospital attestation sheets erroneously have a line for entry of primary diagnosis, but make no reference to principal diagnosis at all.

Complications/Comorbidity

Another diagnostic issue involves the recording of complicating or comorbid conditions. Unfortunately, two competing definitions for this term have developed. The competing definitions of CC are:

- "A diagnosis, other than the principal diagnosis, that describes a condition for which a patient received treatment or which the physician considers of sufficient significance to warrant inclusion for investigative medical studies" (AMRA 1974 Glossary of Hospital Terms)

- "All conditions that exist at the time of admission or develop subsequently which affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode which have no bearing on this hospital stay are to be excluded." (UHDDS)

The differences between these definitions were subtle, and impacted mainly on the coding of stable chronic diseases which may 'have affected the treatment received' (UHDDS), but not required treatment during the admission (or vice versa). For instance, a patient with moderately severe, but stable uremia having received no treatment for that condition may have been admitted for a cardiac work-up and received a different work-up or different therapy than he would if he had not had uremia. This would have qualified as a comorbidity for the UHDDS definition but not necessarily for the AMRA as no treatment was rendered. In this Study, we used the UHDDS definition which we felt to be more lenient. The Medicare prospective payment system instructed hospitals to utilize the UHDDS definition.

Procedure Coding

Another difference between traditional coding practice and DRGs relates to procedure coding. UHDDS did not require coding of "Class IV" procedures. However, 62 such procedure codes do qualify for the designation 'valid OR procedure' for DRG assignment purposes. Most of these are diagnostic procedures described as 'other' or 'Not Elsewhere Classified (NEC).' Correct DRG assignment requires these procedures to be coded, unlike the previous standards.

Biopsies

A similar but more complicated issue involves the coding of some biopsies. In many anatomic sites, tissue samples may be obtained by any of a variety of methods, with the best clinical choice depending upon the disease suspected, the amount of tissue needed, or other clinical factors.

Common descriptors of biopsy methods include:

Possible ICD-9-CM Distinctions			DRG Distinctions
a) brush	d) incisional	g) endoscopic	a) open
b) needle	e) excisional	h) percutaneous	b) closed
c) curettage	f) aspiration	i) other	

The most common ICD-9 choices at any anatomic site are (a) brush and (i) other. In this situation, 'other' is the correct ICD-9 descriptor for any biopsy not compatible with the term 'brush' [i.e., any description (b) through (h)]. Unfortunately, these terms (b) through (h) include biopsies obtained via relatively minor (closed) approaches (such as endoscopes, needles, or superficial scrapings) as well as those requiring operative (open) approaches (such as laparotomy, craniotomy, thoracotomy) in which the surgeon gains major access to a body cavity.

Accurate DRG assignment depended on a distinction to be made between an 'open' biopsy and a 'closed' one. 'Open' biopsies are 'valid OR procedures' and group into a higher weighted surgical DRG, whereas the 'closed' biopsies do not impact reimbursement. This 'open versus closed' distinction does not exist in the ICD-9 system, leaving hospitals in the difficult position of being unable to determine a case's DRG from its ICD-9 codes when certain biopsies are performed.

Since HCFA policy states that PPS and the DRG system will not impinge upon the integrity of the ICD-9 system, the burden of solving this problem in DRG assignment was placed on the Fiscal Intermediaries who are charged with the responsibility of obtaining (from the hospital) procedure notes from which to determine the 'open' or 'closed' nature of relevant biopsy codes as 'other.' When the biopsy is 'closed' the Fiscal Intermediaries changes 'other' codes to any available code corresponding for that anatomical site to (a) through (h) which does not qualify as a 'valid OR procedure.' Any remaining 'other' codes represent 'open' biopsies. In practice, hospitals which understand this complexity, wishing to do their own DRG assignment, and to avoid Fiscal Intermediaries documentation problems often choose to code initially in the manner they expect the Fiscal Intermediaries to recode. In this Study our coders were instructed to code from the Fiscal Intermediary's perspective, but to maintain lists of 'other' biopsies which qualify as 'open' and 'closed' so that the magnitude of the problem can be defined, and so that we do not identify a hospital as having coding validity problems on this basis.

Coding Audit Goals and Objectives

The ICD coding system was initially devised almost a century ago by a forensic pathologist as a taxonomy for recording causes of death. Although the system has undergone a considerable modification over the years and become the generally accepted international classification system for epidemiologic data, the data was rarely used for nonresearch purposes prior to the present decade. Therefore, little pressure existed to resolve conflicts and inconsistencies between various rules of the system, and no institutional body has ever been the adjudicator of coding disputes at the case-specific level.

Such was the state of affairs upon the advent of the DRG-based prospective payment system for Medicare. With the weight of payment justification suddenly depending upon it, the ICD system was stressed in ways not previously anticipated, every ambiguity and inconsistency became an opportunity for financial profit or loss. Imagine for a moment the single volume of congressional tax legislation next to a shelf of Internal Revenue System (IRS) regulations and the rooms of tax court proceedings. The commentary dwarfs the source; because of the convergence of money, rules, and self interest. The advent of DRG payment based on the underlying ICD-9-CM coding system represents another such convergence. However, unlike the tax law analogy, there is essentially no official commentary, and no generally accepted way of producing any.

In terms of the ICD-9-CM, DRG, and UHDDS systems, this situation suggests that there are not any incentives for technically correct coding when the data were generated to set DRG weights. Now hospitals have considerable incentives to apply coding practices which generate the highest DRG weights and which do not clearly contravene the relatively few rules of ICD, UHDDS, and DRG classification.

Changes in the CMI generated by a population's care may have several components as investigated by the Rand Corporation (*The Medicare Case Mix Index Increase*, June 1985):

- aging of population and changes in severity of illness of patient population
- changes in medical technology

- changes in site of care
- DRG creep

DRG Creep

DRG 'creep,' the process through which the weights of cases rise in response to financial incentives as coding practices change, involves:

- changes supportable within the rules
- changes not supportable within the rules

While other studies have looked at coding error rates, and effects of the DRG system on average DRG case weights (CMI), this National DRG Validation Study's main objective is the task of identifying the incidence and impact of coding practices clearly not supported by classification rules. *Understanding this focus is critical to interpreting results of this Study.*

The intent was to surface invalid DRG assignments. There was no attempt to attribute changed coding practices to PPS, or to determine whether coding practices had changed since pre-PPS. We were interested in assessing evidence that hospitals were influencing what physicians enter on attestation sheets, and evidence that hospitals were deliberately re-ordering items on the attestation sheet in ways not supported by coding rules. To these ends, we formed a policy with the following impact:

> In areas of coding ambiguity, when multiple methods of coding a case are equally valid from the perspective of coding rules, if the method used by the hospital is one of the valid methods, we will not challenge the case whether or not the hospital's method had a higher weight than the valid alternative.

Clinical Review Process: AEP Review

The Appropriateness Evaluation Protocol (AEP) is a proven chart audit technique used for determining appropriateness of hospital use for adult medical, surgical, gynecological, and psychiatric patients. A registered nurse reviewer applied the AEP to reach objective decisions based on information in the patient's medical record: appropriateness of the admission and appropriateness of a particular day of care. For this Study, the nurse reviewed the admission and the day before discharge. All cases failing the admission review were referred to a physician who made an appropriateness decision based on the patient's clinical condition during the whole admission. *For a case to be considered inappropriate in this Study the physician had to determine that the whole admission was clinically unnecessary.*

Appropriateness Issues

The AEP's principal goal was to determine the percentage of inappropriate admissions and inappropriate medical and surgical days of care in a hospital or, in this case, a hospital size class. The unit of observation was the patient-day or days, and the dependent or outcome variables to be analyzed were the proportion of inappropriate admissions and inappropriate days of care in the universe of admissions and days under consideration.

To achieve this goal, medical records can be reviewed either concurrently or retrospectively. In a concurrent review, more sources of information are available and these sources can be valuable in identifying reasons for inappropriateness. However, in developmental studies comparing decisions made concurrently versus retrospectively, no difference between the appropriateness of decisions was found. Moreover, there was only a slight improvement in identifying reasons for inappropriate use with concurrent review. Furthermore, concurrent review is more expensive and logistically complicated. The AEP is used to review medical records retrospectively in controlled studies.

Criteria: The AEP uses admission criteria and day of care criteria to evaluate information in the medical record. The admission criteria consist of 17 items pertaining to severity of illness, and intensity of services provided or anticipated on the calendar day of admission. The day of care criteria consist of 27 items in three groups: medical services, nursing/life support services, and patient condition factors. In addition to the standard AEP, a surgical location and timeliness criteria set was utilized. These criteria are used whenever a planned surgical procedure is the cause for the admission. The increased sensitivity of the surgical AEP validates the anesthesia risk factors and assesses whether the type of procedure planned and the condition of patients would facilitate an outpatient or some day surgical location as opposed to an inpatient acute setting. The Appendix lists both of these criteria sets. If at least one admission criterion is met and documented in the patient's chart and is not overridden, the admission is considered appropriate. Similarly, the day of care is appropriate if any day of care criterion is met.

Overrides: When an admission day or day of care failed to meet an appropriateness criterion, the reviewer had the option to override the AEP decision to indicate that the criteria were not sufficiently comprehensive to describe the services or patient condition factors which appeared to justify hospitalization. Conversely, if the patient met one of the criteria, but the reviewer felt the acute hospitalization was unnecessary, an override made the admission day or day of care inappropriate. This option increased clinical sensitivity, reviewer reliability, and the validity of results.

Reasons and Responsibility: When an admission or day of care was judged inappropriate, the reviewer selected the reason that best described the situation under consideration from those listed at the end of the admission criteria. In addition, when a day of care was found inappropriate and the patient needed no further hospitalization, the reviewer selected from nine categories to identify the party most responsible for the unnecessary care. Only admissions deemed unnecessary by a physician were assessed for the correct reason and responsibility category.

Interpretation

The appropriateness standards are based on the experience of peer hospitals. Although the precision, validity, and reliability of the AEP have been thoroughly documented, no attempt has been made to determine optimal hospital appropriateness levels. One hundred percent appropriate hospital use is probably neither practical nor desirable. Such a situation would imply

an absence of judgmental error concerning patients admitted to the hospital. Given the humanity of physicians, this could only suggest the presence of substantial judgmental errors concerning patients not admitted.

Note that care should be used when comparing this Study's AEP data with other AEP studies to assess the change in utilization rates over time. Potential issues that affect interpretation of comparative results include: differences in the patients studied, differing time periods for data collection, and changes in the sampling strategy employed in different studies. For example, one significant difference between this Study and typical AEP studies is that this Study reviewed the appropriateness of the entire admission. Typical AEP studies review the *admission day*. The causes for inappropriateness are often within the control of the hospital and the patient's physician. Many, however, are not. Lack of alternative institutional and ambulatory health care services, inadequate financing of such services, and delays in patient education regarding the safety and availability of alternative health care settings contribute to inappropriate use. An appreciation of the significant and varied factors involved should accompany the assessment of the Study results.

Physician Review

This Study also employed a professional, process of medical review. In addition to the AEP, nurses screened each case for health care that failed to meet professionally recognized standards. Possible problem cases went to review physicians for a final decision. This process parallels the methodology and standards used by the PROs and carriers when reviewing Medicare cases for OIG sanction. The nurse reviewers were instructed by HDI to identify any clinical quality problem and to refer those charts for physician review. Specific quality problems which were to have been identified by the nurse reviewer are listed below. However, quality review encompassed all aspects of a hospitalization and was not restricted to these areas.

- unnecessary admissions
- iatrogenic events
- nosocomial infections
- premature discharge
- discharge to an inappropriate facility
- transfer to an inappropriate facility
- surgical complications

HDI nurse reviewers have extensive experience in reviewing charts and assessing the quality of care provided. In this Study, the RN reviewers were not provided with explicit diagnostic specific criteria by which to assess these categories but were provided with guidelines (see Appendix) with which to assess each chart. They were also instructed by HDI to identify cases in which there was a definite quality of care problem and cases in which they suspected, but could not confirm, a quality of care problem. The PROs and carriers employ similar standards in their quality assurance reviews.

All the physician reviewers were instructed to review charts, referred to them by nurses, on scales used by the Rand Corporation (Siu et al. 1986: Algorithm adapted by George Goldberg, M.D.,

project participant, based on work begun at the Rand Corporation) to assess quality of care. The physician was asked to consider the care provided with reference to the following different categories of review:

- adequacy of diagnosis
- adequacy of treatment
- parsimony of clinical assessment and treatment
- appropriate use of technology consistent with the patient's clinical condition

After complete review of the chart, HDI asked the physician reviewer to consider the care rendered and determine which of the following values applied:

- malpractice or borders on malpractice
- below standard medical practice
- acceptable
- competent
- excellent

For all cases in which the physician reviewers agreed with the nurse reviewer that a quality of care problem existed and the case received an overall care rating of malpractice, borders on malpractice, or below standard medical practice, the primary physician reviewer dictated a brief narrative description of the patient's care and the nature, extent, and rationale of the poor quality of care.

The physician reviewers used their professional judgment in assigning cases overall ratings. HDI instructed physician reviewers to identify only those quality of care problems that appeared in the chart documentation to be unequivocal and clear cut. Physician and nurse reviewers could request an independent assessment of the quality of care from a second physician reviewer in cases where they disagreed. Review by a second independent physician reviewer was requested in 44 of the cases evaluated for quality of care. If the second physician reviewer disagreed with the first physician reviewer, a third independent physician reviewed the case. The three cases for which three physicians could not agree on the quality of care assessment were not included in the quality of care data.

Physician reviewers at HDI have extensive experience in peer review for quality of care and appropriateness evaluation. Most of the physician reviewers are board certified in internal medicine or anesthesia and have participated in peer review activities in either hospital quality assurance, PRO-related activities, or on associated research projects.

Clinical Review Issues

This approach to clinical review provided a conservative estimate of the overall rate of medical incidents in the Sample. We did not intend nor do we want to represent the quality of care assessment in this report as a comprehensive assessment of all the quality of care problems in this Sample. The approach to quality assessment had nurse reviewers identify both definite and possible quality of care problems for review by experienced peer review physicians. Thus a partially structured, open ended review instrument and the judgment of the review physicians, constitutes one of several possible approaches to identifying medical care below the standard of accepted medical practice. Given that the nurse reviewers may not have identified all the definite

and suspicious quality of care problems and that the physicians were instructed to report on quality of care problems rated overall as below the standard of accepted medical practice, we believe that the rate of overall poor quality of care in this Study is a conservative estimate. The Study does not comprehensively review every case in the Sample for every potential quality of care problem.

Process or Outcome

Much has been written on the topic of whether process or outcome is preferable for analyzing quality of care. While that valid and important debate proceeds, this Study took a practical road born of the need "to begin" to develop an approach to monitor health care. No approach would fully satisfy everyone.

This Study was not a classic outcome or assessment process study for two reasons. First, there were too few criteria for process and too little information for outcome. Secondly, we did not determine ahead of time the acceptance levels we would attach to a given specific outcome or process. This Study did, however, flag cases for review on the basis of suspected "poor quality outcomes" and did attempt to relate, to the extent possible, the observed outcome with the process documented to the extent possible.

Quality Parameters

Poor quality for this Study was defined as those events appearing to have a causal relationship to currently observed substandard medical practice, bordering on malpractice. What we achieved by this approach was to eliminate all "grey" areas where prudent clinicians would respectfully disagree. Structure evaluation was not attempted since 239 hospitals were involved in this Study. The effort to examine the availability of equipment and the facilities structure was not financially possible. It occasionally was of interest to know if a particular facility had an ICU, stroke rehabilitation or hospital service, although these types of issues rarely came up. When they did, we relied upon the AHA guide for that year to assist us in the decision-making process. When we could not validate the presence or absence of such a service we gave the benefit of doubt to the hospital. A typical example of this would be a case where the patient was transferred to another acute care hospital with no apparent justification documented for such a move. The question of whether the transfer may have been appropriate, if the patient needed ICU services and the transferring hospital did not have this capacity, was considered. Although we made every effort to be sensitive to the structure issue we did not undertake an evaluation based upon information customarily collected in such a study.

The measures used were generic questions such as:

- Was there a nosocomial infection or iatrogenic event?
- Was there a premature discharge?
- Was there evidence suggestive of poor quality of care?
- Was the transfer (to another facility or swing bed) appropriate?
- Was the pathology report abnormal?

- Were surgical indicators present in the chart? (Was surgical necessity documented?)

While guidelines were provided to the registered nurses screening the records (see Appendix), no concrete black and white constraints were placed on their clinical judgments. All cases "suspected" of meeting one of these questions affirmatively were referred to physicians for in-depth peer review.

In this sense, the Study methodology approximated a PRO screening technique. The major difference was in the central location, continuity of reviewers, and feedback support mechanisms not easily replicated by a PRO on-site review. The nurse reviewers had a constant and sustained level of support. Questions were immediately and uniformly resolved. The nurse reviewers were free to explore connections and make suggestions to improve the quality of the review process. The physicians were fully committed to quality control activity and experienced in criteria development and implementation. They provided timely feedback on cases referred to them.

The clinical decision-making process and antecedent events were evaluated as well as the degree of variance from standard medical practice attached to the specific outcome surfaced by the nurses. In cases where a causal relationship was clear and documented to the physicians' satisfaction, he/she would write a narrative describing the substandard care they observed.

Data Management

The Appendix shows the complexity of managing the data flow for the National DRG Validation Study. Primary data came from multiple sources in different forms.

- Patient medical records hardcopy
- Summaries of PRO reviews hardcopy
- HCFA form 1453 tape
- Fiscal Intermediary assignments tape

The primary data underwent multiple stages of analysis and review. The output of the review processes had to be merged with primary data.

The final databases included the following information types:

Primary Data

- Fiscal Intermediary data
- PRO data
- HCFA form 1453 data
- Demographic data
- Assessment by HDI of the coding information in the medical record and an independent assessment of the appropriate codes and DRG
- Reasons for differences in DRG assignment between Fiscal Intermediary and HDI and between Fiscal Intermediary and hospital
- Clinical review data assessment by HDI of various measures of appropriateness and quality of services

Coding Data

Coding data (shown in the flow chart as "Chart Data", see Appendix) was captured by RRAs/ARTs using a standardized Medical Record Abstract in hardcopy (see Appendix). The medical record abstract contains the HDI and hospital diagnosis and procedure codes which were used in subsequent HDI and hospital DRG assignments. In addition, various characteristics of the attestation form were recorded for evaluation of the quality of data on these forms, including form presence, form completeness, and evidence of attempts to change the narrative or renumber the codes (renumbering the codes can result in a different DRG assignment). The abstract also indicated whether the case had been referred for physician review based upon coding disagreements anticipated to affect DRG assignment. The physician decision was also included. The medical record abstract also contains an HDI form control number and hospital identifier, data to be used in subsequent merging of this information with other data.

Coding data was keypunched twice to facilitate avoidance and identification of keypunch errors. The file was edited, converted to text (ASCII), uploaded to the mainframe and elements of it were converted into Statistical Application Systems (SAS) format. SAS is a statistical software package designed by the SAS Institute, Cary, North Carolina.

Clinical Review Data

The review process utilized portable IBM compatible personal computers using AUTOAUDIT©. An automated set of data capture screens were used to create a consistent set of data for each medical record reviewed. The nurse reviewers were required by the software to respond to a fixed list of questions. AUTOAUDIT© captured the following data which was used during subsequent merges of this data with other information:

- the outcomes (various measure of appropriateness and quality of services provided)
- criteria employed in the outcome decision
- hospital diagnosis, coding and procedure information
- demographic data (including an HDI assigned form control number)

Clinical review data (shown in the diagrams as "AEP Data") underwent a process through which it was converted to SAS readable format prior to uploading to the mainframe. During this process, the psychiatric cases were removed from adult medical or surgical services because the criteria employed and the corresponding data captured are very different. In addition, because AEP captures a vast amount of data (over 500 fields), the data set was reduced to include only variables to be used in subsequent analysis. Additional demographic data (Region) was merged into the PC database prior to uploading to the mainframe.

Other Data

Fiscal Intermediary and HCFA data were received from the OIG in tape formats which were sent directly to the mainframe. HDI reviewed PRO data in hard copy, then nurses hand entered the data into PC files, and uploaded the data to the mainframe.

Mainframe Processes

Clinical (AEP) and coding (Chart) data were match-merged, case-by-case using the HDI form control number. Fiscal Intermediary and HCFA data were match-merged with clinical and coding data case-by-case using HCFA number and admission date. Considerable effort was devoted to resolving mismatches and minimizing data losses. The diagnosis information was tested for consistency using the Medicare Code Editor (MCE), which considers such elements as age and sex to determine the validity of specific diagnosis codes (e.g., females cannot have prostate trouble) to correct codes for DRG assignment. The age consistency checks correlate newborn, pediatric, maternity and adult diagnoses with acceptable age ranges for these type diagnoses. In addition, the MCE checks for unacceptable principal diagnosis (e.g., history of an allergy can only be a secondary diagnosis). Appropriate changes to the hospital and HDI codes were then made, where possible, in accordance with the results indicated by the MCE.

HDI codes and hospital codes (as derived from the Medical Record Abstract Chart and demographic data) were then processed through the Health Systems International (HSI) Grouper (Version 2.0, 10/1/1984 to 04/30/86) program to assign HDI and hospital DRGs. To the existing merged database, hospital-specific blended payment rates were then added. The OIG supplied HDI with the rates. When a hospital's rate changed during the time period of the Study, its average rate was used as an estimate for the entire period. Blended payments were used to estimate case payments based upon DRG weight.

All DRG mismatches (HDI versus Fiscal Intermediary, HDI versus hospital, and Fiscal Intermediary versus hospital) were identified by computer and referred back to the coders to explain discrepancies. If necessary, coders referred cases back to physicians for assistance in diagnosis and procedure determinations. In any event, all HDI and Fiscal Intermediary disagreements were referred and agreed to by a physician. The results of the coder/physician referral process was manually documented on standardized forms (Page 4, see Appendix), and then entered and uploaded by HDI programmers into the "Screen 4" database (shown in the flow charts in the Appendix as DBASE SCR4).

Finally, an extensive set of consistency checks were applied to the 'Screen 4' data and merged clinical/coding/demographic databases before developing reports. These tests included ensuring that:

- The Screen 4 data was matched to the number of DRG disagreements in the merged database.
- Data elements fell within appropriate ranges.
- Variables which had specific relationships to other variables told a consistent story, i.e., the number of premature admissions matched the number of inappropriate admissions with reason for inappropriateness that the admission was premature.
- Duplicate records were not included.
- Observations were not accidentally deleted.

In a study of this magnitude, with multiple data-entry and merge points of a large number of variables (411) that relate to each other in various ways, the final consistency check and edit process was both resource intensive and essential to produce a quality database.

Statistical Methods

This Study measured multiple outcomes for a representative sample of Medicare cases from acute-care facilities in the nation's nonwaiver states in FY 1985. Statistical analysis of the Study data was designed to provide three types of results:

- Overall levels for each outcome in the population from which the Sample was drawn
- Relationships between each outcome and various characteristics of the sampled hospitals
- Interrelationships between the multiple outcomes.

Note, that the Population referred to are the FY 1985 Medicare cases from acute-care facilities in nonwaiver states. To avoid this awkward language, it is referred to simply as the Population.

Since the Sample was composed of an equal number of small, medium, and large hospitals with an equal number of cases selected from each sampled hospital, the unweighted sample results did not pertain to any identifiable population group. Sample results have been provided as a point of comparison that is easily calculated from the numbers provided in the tables. This provides a point of comparison for the weighted results.

To estimate outcome levels in the Population from which the Sample was drawn, two types of weights were developed for application to the Sample data: case weights and hospital weights. Case weights applied when the focus of interest was volume impacts (estimated national financial impact of proposed changes in DRG assignment based on HDI audit methods) or case-based rates (e.g., What proportion of Medicare patients experienced premature discharge?). Hospital weights applied when the focus of interest was hospitals (e.g., What is the rate of premature discharge at the typical Medicare hospital?).

Data available to the analysts for the development of case weights included:

- the total number of cases in the selected hospitals at the time the frame was sampled by bed size class
- the total number of FY 1985 discharges at acute care facilities in nonwaiver states
- the number of acute-care hospitals serving Medicare clientele during FY 1985 in nonwaiver states by bed size class
- the sample data

Ideally case weights should have been based upon the total number of FY 1985 discharges at each selected hospital, rather than for each bed size class. This data was not available at the time the analyses were performed. A discussion of this issue with several statistician consultants indicated that the difference between case-weighted results based upon the ideal data and case-weighted results based upon the available data was not likely to be large and was therefore not a cause for concern. The errors introduced by the extrapolation process from the Sample of 7,050 cases to the Population was expected to overwhelm the significance of bias introduced by the weighting methodology.

The first step in the development of case weights was to extrapolate case populations by bed size class. First, the average number of cases per hospital was estimated for each bed size class as follows. The total number of cases in the sampling frame for the selected hospital in each bed size class was divided by the number of selected hospitals in each bed size class (Table 3-1):

- less than 100 bed facilities: 18,199 / 79 = 230.3671
- 100 to 200 bed facilities: 59,481 / 80 = 743.5125
- 300 or more bed facilities: 144,716 / 80 = 1808.9500

Next the number of cases per hospital was extrapolated to the sampling frame by multiplying the number of cases per hospital by the number of hospitals in the population (Table 3-1):

- less than 100 bed facilities: 230.3671 x 2536 = 584,211
- 100 to 200 bed facilities: 743.5125 x 1603 = 1,191,851
- 300 or more bed facilities: 1808.9500 x 774 = 1,400,127

The sum of the number of cases in the frame in each bed size class is 3,176,189. This is significantly less than the total population of cases at acute-care facilities in nonwaiver states in FY 1985 (8,277,000) because, as previously mentioned, the sampling frame requested by OIG from HCFA was the first six months of FY 1985 discharges. Furthermore, due to lags in the receipt of data by HCFA, OIG's sampling frame consisted of somewhat less than the full six months data. The ratio of the population to the frame was:

- 8,277,000 / 3,176,189 = 2.6060.

The frame was extrapolated to the population by multiplying by the ratio of the population to the frame:

- less than 100 bed facilities: 584,211 x 2.6060 = 1,522,426
- 100 to 200 bed facilities: 1,191,851 x 2.6060 = 3,105,907
- 300 or more bed facilities: 1,400,127 x 2.606 = 3,648,667

The case weights were used to develop case weighted rates and extrapolate volumes. The process for deriving case-weighted rates and extrapolated volumes was as follows. From Table 3-1 we note that the ratio of cases in the Population to cases in the Sample for each hospital size class was:

- less than 100 bed facilities: 1,522,426 / 2276 = 668.9
- 100 to 200 bed facilities: 3,105,907 / 2388 = 1300.6
- 300 or more bed facilities: 3,648,667 / 2386 = 1529.2

Thus, for example, each Sample case in the less than 100 bed hospital class represented 668.9 cases in the Population. Note, that when we multiply each Sample case by its appropriate hospital weight sum the results over all Sample cases, we obtain the number of cases in the Population:

- (2276 x 668.9) + (2388 x 1300.6) + (2386 x 1529.2) = 8,277,000.

The case-weighted averages can be obtained directly from the data in the tables as follows. To obtain, for example, the case-weighted population average urban hospital DRG change rate (Table 4-1), perform the following computations. First compute the population cases with DRG changes:

- (102 x 668.9) + (323 x 1300.6) + (363 x 1529.2) = 1,043,421.

Next, we require the number of urban cases in the population. Because only the percent of cases changed for each hospital size class is shown, this is done in two steps. First compute the number of urban cases in each bed size class within the Sample:

- less than 100 bed facilities: 102 / .225 = 453
- 100 to 200 bed facilities: 323 / .193 = 1674
- 300 or more bed facilities: 363 / .162 = 2241

Then compute the number of urban cases in the population:

- (453 x 668.9) + (1674 x 1300.6)+ (2241 x 1529.2) = 5,907,153

Finally, obtain the urban case-weighted rate of DRG changes by dividing the urban Population cases with DRG changes by the urban Population cases:

- 1,043,421 / 5,907,153 = 17.6 percent

The process described and the weights employed above are valid for all subsets of the data, e.g., when only adult medical and surgical cases are considered, etc. The resulting case-weighted result would be a rate for adult medical and surgical patients treated in urban settings. Observe, that both the numerator and denominator are reduced appropriately so that they represent appropriate numbers of population cases.

Note, slight differences between values shown in the tables and results computed in the above manner reflect the fact that the table values were done on a large mainframe which retained a higher level of precision prior to rounding the final result.

Since the Sample was stratified by bed size category, all analysis results are presented by bed size category. When the data are further subdivided within bed size category (e.g., urban versus rural within bed size category) the case weights were recalculated to reflect the fact that the distribution of hospitals for the characteristic of interest may differ across bed size categories. The distribution of the characteristic of interest in the 239 sampled hospitals was used to adjust the overall case weights.

Additional data were available to develop case weights for selected subpopulations, in the sample data itself. Five types of demographic characteristics were known for each of the 239 selected hospitals, including bed size category, urban versus rural location (was the hospital within a Standard Metropolitan Area or not?), teaching status (did the hospital have an accredited residency program or not?), proprietary status (was the hospital operated for profit or not for profit?), and geographic location (in which of ten geographic regions was the hospital located?).

Methodology for variance estimation for the case-weighted rate and volume estimates is discussed in the Appendix, along with several illustrative examples. The Appendix also includes a "rule of thumb" approach to enable the reader to make an approximate determination of the statistical significance of an observed difference in event (e.g., DRG changes, inappropriate admissions, etc.) volumes in any of the tables of results in this report. Because of the volume of possible comparisons, the authors did not apply suggested approach universally.

The OIG had specific interest in hospital-based average values. Unfortunately, the only detailed demographic data available was the distribution of hospitals by bed size within the population

of hospitals. Furthermore, some of the cell sizes in the Sample were quite small for purposes of projection (e.g., 1 hospital of bed size less than 100 beds in Region 3). OIG, in the interests of applying a consistent approach, employed the following scheme to develop hospital weights. Overall hospital fractions were developed for each bed size class by dividing the number of hospitals in the class by the number of hospitals in the Population (All hospital weights for the Tables were supplied by OIG):

- less than 100 bed facilities: 2536 / 4913 = 0.5162
- 100 to 200 bed facilities: 1603 / 4913 = 0.3263
- 300 or more bed facilities: 774 / 4913 = 0.1575

Then, to estimate a hospital-weighted average rate, e.g., the urban hospital average DRG change rate, the urban bed size specific DRG change rates in the Sample (Table 4-1) were multiplied by their corresponding hospital fractions and summed:

- (22.5 x 0.5162) + (19.3 x 0.3263) + (16.2 x 0.1575) = 20.4

Observing that there were no cases in the sample from large hospitals in region 10, OIG modified the fractions used for hospital weights in their hospital regional and size class analysis:

- less than 100 bed facilities: 2536 / 4139 = 0.6127
- 100 to 200 bed facilities: 1603 / 4139 = 0.3873
- 300 or more bed facilities: 0 / 4139 = 0.0000

Standard statistical methods were used to test the relationship between each outcome and various characteristics of the sampled hospitals. Nearly all of the outcomes that were measured are rates or proportions (e.g., 69 of the 454 cases in small, urban hospitals were clinically inappropriate). The statistical significance of differences in outcome by various hospital characteristics was tested using logit analysis with maximum likelihood estimation as implemented in the SAS procedure CATMOD. CATMOD or CATegorical data MODeling fits linear models to functions of response frequencies (SAS User's Guide: Statistics, Version 5 Edition). Each record in the Sample received a weight of one for these analyses. Chi-square (χ^2) analysis was used to facilitate interpretation of the logit results. This analysis produced descriptive data tables that allow the analyst to assess differences in cell size and contribution to the overall χ^2 statistic.

For outcomes that were not proportions (e.g., the difference in reimbursement weight between the DRG assignment of the Fiscal Intermediary and HDI), nonparametric analysis of variance was used to test the relationship between factors. SAS procedure NPAR1WAY was used and each record received a weight of one for these analyses.

Interrelationships among the multiple outcome factors were described and tested for statistical significance using the SAS procedure FREQ and the likelihood ratio χ^2 statistic. Each record received a weight of one for these analyses.

Sample Characteristics

Table 3-1 indicates the size of the sampling frame and compares it with the Sample. Note, the sampling fraction under the heading "Number of Hospitals" represents the percent of hospitals in the population that were included in the Sample. The sampling fraction under the heading "Number of Cases" represents the fraction of cases at the selected hospitals that were included in Sample.

Table 3-1: Sampling frame by hospital size

Bed size (Percent)	<100		100-299		300+		Total	
Number of hospitals								
Population	2536	(51.6)	1603	(32.6)	774	(15.8)	4913	(100.0)
Sample	79	(33.1)	80	(33.5)	80	(33.5)	239	(100.0)
Sampling fraction		(3.1)		(5.0)		(10.3)		(4.9)
Number of discharges								
Population	1522000	(18.4)	3105000	(37.5)	3649000	(44.1)	8277000	(100.0)
At Selected Hospitals	18199	(8.2)	59481	(26.7)	144716	(65.1)	222396	(100.0)
Sample	2276	(32.3)	2388	(33.9)	2386	(33.8)	7050	(100.0)
Sampling fraction		(12.5)		(4.0)		(1.6)		(3.2)
Case Weights	668.9		1300.6		1529.2			
Population Distribution (1000s)								
Urban	304		2180		3432		5915	
Rural	1219		926		217		2362	
Teaching	40		584		2012		2637	
Nonteaching	1482		2522		1636		5640	
Profit	140		545		92		777	
Nonprofit	1382		2561		3557		7500	
Region 1	25		147		124		296	
Region 3	20		389		502		911	
Region 4	306		544		914		1764	
Region 5	300		428		963		1692	
Region 6	260		546		275		1081	
Region 7	249		429		320		998	
Region 8	120		39		92		251	
Region 9	119		506		459		1084	
Region 10	124		78		0		202	

Table 3-1 indicates that the population of hospitals was concentrated among small hospitals, whereas the population of cases was concentrated among large hospitals. However, the Sample was equally distributed with respect to hospitals and cases among the bed size classes. Thus, from a hospital perspective, the Sample under-represents small hospitals vis-a-vis larger hospitals, whereas from a case perspective the reverse is true. As a result, differences in the response characteristics, if any, of small versus large hospitals, will cause differences among the case and hospital weighted response rates to be large.

Table 3-2 breaks out the Sample's overall demographic characteristics by hospital size strata. In addition to summarizing the number of hospitals and cases, its right most columns present averages weighted by the fraction of the underlying population of hospitals and the percent of the Population's cases.

This table shows most sample hospitals to be located in rural areas (outside a Standard Metropolitan Area), but that urban hospitals admitted most of the Sample's patients. Indeed, 94 percent of large hospitals are in urban areas. Similarly, only 16 percent of sample hospitals have teaching programs, but they account for 32 percent of the patients. Again, more large hospitals have teaching status. Conversely, most hospitals operate on a nonprofit basis. No particular hospital size trends emerge, so the hospital and case averages are similar. The geographic regional distribution of hospitals and cases probably reflects the effects of states exempt from PPS, geographic distribution of the U.S. population, and variations in the patterns of medical practice.

Tables 3-3 and 3-4 shows various characteristics of clinical significance for adult medical and surgical admissions and for psychiatric admissions respectively. Adult medical and surgical patients were more likely to be female than male. The average patient age was 74.1 years. Admissions for medical services predominated. Urgent admissions predominated. However, nearly one-fourth of the admissions were for elective procedures, a category which historically has had a higher likelihood of inappropriate admissions.

Over three-fourths of the patients were discharged under their own care or under the care of a home health agency (Table 3-5). Nearly ten percent were discharged to an intermediate care facility, while 6.3 percent expired.

The average length of stay was 7.2 days for patients in the Sample, as compared with 8.8 days for all adults over 65 in FY 1985 (estimated by the American Hospital Association National Panel Survey). The difference is likely due to the exclusion of the waiver states, where patients typically have longer mean lengths of stay.

Over 50 percent of the cases were physician referrals. Nearly 40 percent were emergency room referrals. Nearly 80 percent of the admissions were for work-up/evaluations and over 15 percent were for performance of procedures.

Case characteristics of the Sample are compared in Table 3-3 with estimates of the Population. Population estimates were derived by applying case-weights to the Sample values. The Population had a slightly lower estimated percentage of medical services admissions, female patients, average age, and work-up evaluation admissions. The Population had a slightly higher estimated percentage of elective admissions, planned procedure admissions, and length of stay.

Table 3-2: Sample demographics by hospital size

Bed size	<100		100-299		300+		Total		
Number of hospitals (Percent)									
Total	79		80		80		239		
Urban	16	(20.3)	56	(70.0)	75	(93.8)	147	(61.5)	(48.1)
Rural	63	(79.7)	24	(30.0)	5	(6.3)	92	(38.5)	(51.9)
Teaching	2	(2.5)	15	(18.8)	45	(56.3)	62	(25.9)	(16.3)
Nonteaching	77	(97.5)	65	(81.3)	35	(43.8)	177	(74.1)	(83.7)
Profit	7	(8.9)	14	(17.5)	2	(2.5)	23	(9.6)	(10.7)
Nonprofit	72	(91.1)	66	(82.5)	78	(97.5)	216	(90.4)	(89.3)
Region 1	2	(2.5)	4	(5.0)	3	(3.8)	9	(3.8)	(3.5)
Region 3	1	(1.3)	10	(12.5)	11	(13.8)	22	(9.2)	(6.9)
Region 4	16	(20.3)	14	(17.5)	20	(25.0)	50	(20.9)	(20.1)
Region 5	15	(19.0)	11	(13.8)	21	(26.3)	47	(19.7)	(18.4)
Region 6	13	(16.5)	14	(17.5)	6	(7.5)	33	(13.8)	(15.4)
Region 7	13	(16.5)	11	(13.8)	7	(8.8)	31	(13.0)	(14.4)
Region 8	6	(7.6)	1	(1.3)	2	(2.5)	9	(3.8)	(4.7)
Region 9	6	(7.6)	13	(16.3)	10	(12.5)	29	(12.1)	(11.2)
Region 10	7	(8.9)	2	(2.5)	0	(.0)	9	(3.8)	(6.4)
Number of discharges (Percent)								Sample	Population
Total	2276		2388		2386		7050		
Urban	454	(19.9)	1676	(70.2)	2244	(94.0)	4374	(62.0)	(71.5)
Rural	1822	(80.1)	712	(29.8)	142	(6.0)	2676	(38.0)	(28.5)
Teaching	60	(2.6)	449	(18.8)	1316	(55.2)	1854	(25.9)	(31.9)
Nonteaching	2216	(97.4)	1939	(81.2)	1070	(44.8)	5195	(74.1)	(68.2)
Profit	210	(9.2)	419	(17.5)	60	(2.5)	689	(9.8)	(9.4)
Nonprofit	2066	(90.8)	1969	(82.5)	2326	(97.5)	6361	(90.2)	(90.6)
Region 1	38	(1.7)	113	(4.7)	81	(3.4)	232	(3.3)	(3.6)
Region 3	30	(1.3)	299	(12.5)	328	(13.7)	657	(9.3)	(11.0)
Region 4	457	(20.1)	418	(17.5)	598	(25.1)	1473	(20.9)	(21.3)
Region 5	449	(19.7)	329	(13.8)	630	(26.4)	1408	(20.0)	(20.4)
Region 6	388	(17.0)	420	(17.6)	180	(7.5)	988	(14.0)	(13.1)
Region 7	372	(16.3)	330	(13.8)	209	(8.8)	911	(12.9)	(12.1)
Region 8	179	(7.9)	30	(1.3)	60	(2.5)	269	(3.8)	(3.0)
Region 9	178	(7.8)	389	(16.3)	300	(12.6)	867	(12.3)	(13.1)
Region 10	185	(8.1)	60	(2.5)	0	(.0)	245	(3.5)	(2.4)

Table 3-3: Adult Medical/Surgical Case Characteristics by Hospital Size

Bed Size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital
Number (Percent)										
Admissions	2258		2365		2367		6990			
Days Of Care Reviewed	1820		1966		1970		5756			
Sex										
Female	1280	(56.7)	1291	(54.6)	1228	(51.9)	3799	(54.3)	(53.8)	(55.2)
Male	978	(43.3)	1074	(45.4)	1139	(48.1)	3191	(45.7)	(46.2)	(44.8)
Average Age	76.2		74.0		72.2			(74.1)	(73.6)	(74.9)
Length Of Stay										
Average	5.86		7.43		8.33			(7.23)	(7.54)	(6.76)
3 Days or Less*	792	(35.1)	614	(26.0)	621	(26.2)	2027	(29.0)	(27.8)	(30.7)
30 Days or More*	12	(0.5)	43	(1.8)	53	(2.2)	108	(1.5)	(1.8)	(1.2)
Service Type										
Medicine	2042	(90.4)	1893	(80.0)	1721	(72.7)	5656	(80.9)	(78.7)	(84.2)
Surgery	216	(9.6)	472	(20.0)	646	(27.3)	1334	(19.1)	(21.3)	(15.8)
Admission Type										
Emergency	451	(20.0)	505	(21.4)	477	(20.2)	1433	(20.5)	(20.6)	(20.5)
Urgent	1389	(61.5)	1291	(54.6)	1111	(46.9)	3791	(54.2)	(52.5)	(57.0)
Elective	379	(16.8)	547	(23.1)	759	(32.1)	1685	(24.1)	(25.9)	(21.3)
Unknown	39	(1.7)	22	(0.9)	20	(0.8)	81	(1.2)	(1.0)	(1.3)
Source										
Unknown	14	(0.6)	5	(0.2)	11	(0.5)	30	(0.4)	(0.4)	(0.5)
Physician	1165	(51.6)	1163	(49.2)	1275	(53.9)	3603	(51.5)	(51.7)	(51.2)
Clinic	68	(3.0)	32	(1.4)	36	(1.5)	136	(1.9)	(1.7)	(2.2)
HMO	0	(0.0)	1	(0.0)	3	(0.1)	4	(0.1)	(0.1)	(0.1)
Hospital	16	(0.7)	33	(1.4)	67	(2.8)	116	(1.7)	(1.9)	(1.3)
Skilled Nurs Home**	57	(2.5)	15	(0.6)	12	(0.5)	84	(1.2)	(0.9)	(1.6)
Int Hlth Care Fac***	117	(5.2)	70	(3.0)	42	(1.8)	229	(3.3)	(2.8)	(3.9)
Emergency Room	820	(36.3)	1046	(44.2)	920	(38.9)	2786	(39.9)	(40.4)	(39.3)
P.P.O.	1	(0.0)	0	(0.0)	1	(0.0)	2	(0.0)	(0.0)	(0.0)
Admission Reason										
Workup/Evaluation	1973	(87.4)	1892	(80.0)	1704	(72.0)	5569	(79.7)	(77.8)	(82.5)
Therapy	43	(1.9)	53	(2.2)	83	(3.5)	179	(2.6)	(2.7)	(2.3)
Planned Procedure	175	(7.8)	372	(15.7)	549	(23.2)	1096	(15.7)	(17.6)	(12.8)
Outpatient Failure	67	(3.0)	48	(2.0)	31	(1.3)	146	(2.1)	(1.9)	(2.4)

* Length of Stay
** Skilled Nursing Home
*** Intermediate Health Care Facility

Table 3-4 : Sample Characteristics for Psychiatric Cases

Number (Percent)

SERVICE		
Psychiarty	60	
SEX		
Male	25	(42)
Female	35	(58)
TYPE OF ADMISSION		
Emergency	22	(37)
Urgent	32	(53)
Elective	6	(10)
Total	60	
REASON FOR ADMISSION		
Work-up Evaluation	45	(75)
Therapy	12	(20)
Planned Procedure	0	(0)
Outpatient Failure	3	(5)
Total	60	

LENGTH OF STAY(LOS)		
Average LOS =		9.97 days
Maximum LOS =		37 days
ADMISSION SOURCE		
Physician	30	(50)
Clinic	3	(5)
HMO	0	(0)
Hospital	2	(3)
Skilled N. Home	0	(0)
Health Care Facility	4	(6)
Emergency Room	20	(33)
Other	1	(2)
Total	60	
DISPOSITION		
Home/Self	36	(60)
Acute General	3	(5)
Skilled Nursing Fac.	0	(0)
Intermediate Care Fac.	7	(12)
Another Institution	3	(5)
Home Health Agency	4	(6)
Left Against Advice	0	(0)
Expired	1	(0)
Outpatient Psych Care	6	(10)
Total	60	

Table 3-5: Discharge disposition by hospital size and discharge by age group

Bed size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital
Number of discharges										
Number (Percent)										
Home	1502	(66.0)	1740	(72.9)	1834	(76.9)	5076	(72.0)	(73.4)	(69.9)
Hospital	88	(3.9)	50	(2.1)	20	(0.8)	158	(2.2)	(1.9)	(2.8)
SNF	47	(2.1)	41	(1.7)	43	(1.8)	131	(1.9)	(1.8)	(1.9)
ICF	296	(13.0)	238	(10.0)	136	(5.7)	670	(9.5)	(8.6)	(10.9)
Other inst.	50	(2.2)	32	(1.3)	37	(1.6)	119	(1.7)	(1.6)	(1.8)
HHA	124	(5.4)	125	(5.2)	141	(5.9)	390	(5.5)	(5.6)	(5.5)
AMA	10	(0.4)	12	(0.5)	6	(0.3)	28	(0.4)	(0.4)	(0.4)
Expired	127	(5.6)	148	(6.2)	167	(7.0)	442	(6.3)	(6.4)	(6.0)
Swing bed	32	(1.4)	2	(0.1)	2	(0.1)	36	(0.5)	(0.3)	(0.8)
Total	2276	100.0	2388	100.0	2386	100.0	7050	100.0	100.0	100.0
Age Group										
15-60	90	(4.0)	169	(7.1)	230	(9.6)	489	(6.9)	(7.6)	(5.9)
61-70	547	(24.0)	636	(26.6)	713	(29.9)	1896	(26.9)	(27.6)	(25.8)
71-80	853	(37.5)	956	(40.0)	926	(38.8)	2735	(38.8)	(39.0)	(38.5)
81+	786	(34.5)	627	(26.3)	517	(21.7)	1930	(27.4)	(25.8)	(29.8)
Total	2276	(100.0)	2388	(100.0)	2386	(100.0)	7050	(100.0)	(100.0)	(100.0)

IV. Coding Review Results

DRG Changes

There were 1,374 cases about which HDI disagreed with the Fiscal Intermediary on DRG assignment: 538 (23.6 percent of the Sample) among less than 100 bed (small) facilities, 441 (18.4 percent) among 100 to 299 bed (medium) facilities and 395 (16.6 percent) among 300 or more bed (large) facilities. Dividing the number of DRG changes in each demographic cell by the number of cases in the same cell from Table 4-1 gives the rate at which DRG changes occur. Urban versus rural location, teaching status, and nonprofit status do not appear to exert strong trends when averaging the strata either by hospitals or cases. Similarly, any superficial regional effects occur in cells bearing few cases, decreasing their probable accuracy. However, the tendency of small hospitals to have the highest rate of DRG changes continues across most of the other demographic variables.

Table 4-1: DRG changes by hospital size

Bed size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital*
Number of discharges										
(Percent)										
Total	538	(23.6)	441	(18.5)	395	(16.6)	1374	(19.5)	(18.6)	(20.8)
Urban	102	(22.5)	323	(19.3)	363	(16.2)	788	(18.0)	(17.6)	(20.4)
Rural	436	(23.9)	118	(16.6)	32	(22.5)	586	(21.9)	(20.9)	(21.3)
Teaching	12	(20.0)	94	(20.9)	212	(15.8)	318	(17.4)	(17.2)	(19.6)
Nonteaching	526	(23.7)	347	(17.9)	183	(17.6)	1056	(20.2)	(19.2)	(20.9)
Profit	50	(23.8)	79	(18.9)	11	(18.3)	140	(20.3)	(19.7)	(21.3)
Nonprofit	488	(23.6)	362	(18.4)	384	(16.5)	1234	(19.4)	(18.5)	(20.8)
Region 1	4	(10.5)	15	(13.3)	13	(16.0)	32	(13.8)	(14.2)	(12.3)
Region 3	8	(26.7)	53	(17.7)	65	(19.8)	126	(19.2)	(19.0)	(22.7)
Region 4	114	(24.9)	77	(18.4)	108	(18.1)	299	(20.3)	(19.4)	(21.7)
Region 5	103	(22.9)	52	(15.8)	99	(15.7)	254	(18.0)	(17.0)	(19.5)
Region 6	100	(25.8)	80	(19.0)	33	(18.3)	213	(21.6)	(20.5)	(22.4)
Region 7	77	(20.7)	72	(21.8)	28	(13.4)	177	(19.4)	(18.8)	(19.9)
Region 8	40	(22.3)	6	(20.0)	4	(6.7)	50	(18.6)	(16.2)	(19.1)
Region 9	46	(25.8)	74	(19.0)	45	(15.0)	165	(19.0)	(18.1)	(21.9)
Region 10	46	(24.9)	12	(20.0)	0	(.0)	58	(23.7)	(23.0)	(23.0)

* Hospital Weights supplied by OIG in this and all subsequent tables.

The differences among bed size classes were found to be statistically significant (Wald χ^2=39.4, d.f.=2, P=0.0001). The differences between small versus medium and large hospitals were statistically significant . However, differences between large versus medium-size hospitals were not significant (Wald χ^2=1.95, d.f.=1, P=0.1626).

Bivariate logit analysis indicated demographic factors (rural/urban, teaching/nonteaching, profit/nonprofit, region) were not significant in explaining the DRG disagreement rate. This result was confirmed by a multiway logit analysis which considered only main effects: bed size, rural/urban status, teaching/nonteaching status, profit/nonprofit status, and region. Only bed size was found to be significant.

In FY 1985, HCFA paid for 8.3 million cases under nonwaivered states in PPS. Extrapolating Table 4-1's rates implies that in 1,540,000 cases the Fiscal Intermediary paid the hospital an incorrect amount. Small hospitals would account for only 360,000 of these cases, despite their high rate of DRG changes; whereas medium and large hospitals would each constitute 574,000 and 606,000 of the cases with coding changes.

The possible causes for the bed size influence on the DRG changes include small hospitals may be lacking:

- Experienced highly skilled coders available in their area
- Resources and/or the case volume (to justify the expense) to recruit and hire the appropriately trained coders
- The capacity to adequately train the attending physician in proper documentation techniques.
- Physicians who are specialists, or access to consulting specialists. This may result in higher rates of unclear or erroneous diagnoses.
- Software to access updated coding information.
- Internal medical records committee control
- Strength of medical staff structure to provide monitoring of coding accuracy

Changes to Lower Weight DRGs

In 836 cases (11.9 percent of the Sample, 61.0 percent of the cases with DRG changes) HDI proposed a lower weight DRG than the Fiscal Intermediary (Table 4-2). Since one focus of this study is whether DRG creep existed in the data (i.e., were the hospitals overcoding), it is natural to ask whether the DRGs that were changed by the results of an audit are more likely to be changed to lower weight? For the Sample, the answer would appear to be yes. Significance tests verify this result for each of the bed size classes. The significance tests show the results to be very highly significant for all bed size classes.

To test the significance of the result, the following was performed: If we assume that the answer is no, that is equivalent to saying a DRG change is equally likely to be a higher or lower weight, i.e., 50 percent of the DRG changes will be to lower weight. The test of significance seeks to reject the hypothesis that the percent of changes to lower weight is not 50 percent. Statistically this is the binomial probability of obtaining, for example, 345 or more changes to lower weight out of 538 DRG changes (as occurred for bed size class of less than 100 beds), with a "P" of 50 percent. The resultant probability is the likelihood of that "P" is indeed 50 percent. If the likelihood is less than 0.05 the hypothesis is rejected and the result is deemed significant.

The sample rate of changes to lower weight among the various bed size classes were: 345 (15.2 percent) among small facilities, 263 (11.0 percent) among medium facilities and 228 (9.6 percent) among large facilities. HDI found that the differences among bed size classes were statistically significant (Wald χ^2=37, degrees of freedom=2, P=0.0001). The difference between the small hospital rate versus the medium and large hospital rate was found to be statistically significant. The difference between large and medium-size hospitals was not statistically significant (Wald χ^2=1.7, degrees of freedom=1, P=.1896). Bivariate logit analysis indicated demographic factors (rural/urban, teaching/nonteaching, profit/nonprofit, and region) were not significant in explaining the rate of proposed changes to lower weight DRGs.

Table 4-2: DRG changes to lower weight by hospital size

Bed size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital
Number of discharges										
(Percent)										
Total	345	(15.2)	263	(11.0)	228	(9.6)	836	(11.9)	(11.1)	(12.9)
Urban	55	(12.1)	195	(11.6)	207	(9.2)	457	(11.0)	(10.3)	(11.5)
Rural	290	(15.9)	68	(9.6)	21	(14.8)	379	(13.4)	(13.3)	(13.7)
Teaching	8	(13.3)	56	(12.5)	120	(8.9)	184	(11.6)	(9.9)	(12.4)
Nonteaching	337	(15.2)	207	(10.7)	108	(10.4)	652	(11.9)	(11.7)	(12.9)
Profit	34	(16.2)	44	(10.5)	7	(11.7)	85	(12.7)	(11.7)	(13.6)
Nonprofit	311	(15.1)	219	(11.1)	221	(9.5)	751	(11.8)	(11.0)	(12.9)
Region 1	3	(7.9)	9	(8.0)	6	(7.4)	18	(7.8)	(7.7)	(7.8)
Region 3	6	(20.0)	34	(11.4)	34	(10.4)	74	(13.8)	(11.0)	(15.7)
Region 4	78	(17.1)	43	(10.3)	58	(9.7)	179	(12.3)	(11.2)	(13.7)
Region 5	68	(15.1)	33	(10.0)	59	(9.4)	160	(11.5)	(10.6)	(12.6)
Region 6	53	(13.7)	47	(11.2)	21	(11.7)	121	(12.1)	(11.9)	(12.5)
Region 7	55	(14.8)	43	(13.0)	18	(8.6)	116	(12.1)	(12.1)	(13.2)
Region 8	25	(14.0)	4	(13.3)	2	(3.3)	3	(10.2)	(10.0)	(12.1)
Region 9	28	(15.7)	44	(11.3)	30	(10.0)	102	(12.3)	(11.2)	(13.4)
Region 10	29	(15.7)	6	(10.0)	0	(.0)	35	(8.4)	(13.5)	(11.4)

The change of DRG to lower weights has been estimated to influence 921,000 cases in FY 1985. The smaller hospitals would account for only 231,000 of these cases, 342,000 would occur for medium and 348,000 for large hospitals.

Possible explanations for the statistically significant differences in the rate of changes to the lower weighted DRGs in small hospitals include:

- The smaller hospitals with their higher overall coding error rate (demonstrated in the previous section) may have stronger financial incentives to overcode the patient's diagnoses and procedures and to encourage physicians to overstate patient's conditions. The overall rate is higher.

- Signs and symptoms clearly documented tend to have lower weighted values than the fully confirmed diagnosis which would have explained those findings.
- Physician training in chart documentation is not as sophisticated as in the medium/large hospitals which leads the physician to document conditions not pertinent to the patient's admission which influence the DRG assignment.
- Smaller hospitals may not have the facilities available to them to fully diagnose a patient, thereby often lending a speculative component to the principal diagnosis. Later review of the record may not surface sufficient documentation to support the stated principal diagnosis. This would influence the statement of the principal diagnosis which the record would not support.

Changes to Higher Weight DRGs

There were 538 (39.2 percent of all cases with DRG changes and 7.6 percent of the Sample) cases in which the HDI proposed DRG was of higher weight than the Fiscal Intermediary (Table 4-3): 193 (8.5 percent) among small facilities, 178 (7.5 percent) among medium facilities and 167 (7.0 percent) among large facilities. The differences among bed size classes were not found to be significant, neither did demographic factors (rural/urban, teaching/nonteaching, profit/nonprofit, and region) explain the rate of proposed changes to higher weight DRGs. This result was confirmed by a multiway logit analysis which considered only main effects: bed size, rural/urban status, teaching/nonteaching status, profit/nonprofit status, and region. None of the main effects were found to be significant.

Table 4-3: DRG changes to higher weight by hospital size

Bed size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital
Number of discharges										
(Percent)										
Total	193	(8.5)	178	(7.5)	167	(7.0)	538	(7.6)	(7.4)	(7.9)
Urban	47	(10.4)	128	(7.6)	156	(7.0)	331	(7.6)	(7.4)	(8.9)
Rural	146	(8.0)	50	(7.0)	11	(7.7)	207	(7.7)	(7.6)	(7.6)
Teaching	4	(6.7)	38	(8.5)	92	(6.8)	134	(7.3)	(7.3)	(7.3)
Nonteaching	189	(8.5)	140	(7.2)	75	(7.2)	404	(7.3)	(7.5)	(7.9)
Profit	16	(7.6)	35	(8.4)	4	(6.7)	55	(8.0)	(8.0)	(7.7)
Nonprofit	177	(8.6)	143	(7.3)	163	(7.0)	483	(7.6)	(7.4)	(7.9)
Region 1	1	(2.6)	6	(5.3)	7	(8.6)	14	(6.0)	(6.5)	(4.5)
Region 3	2	(6.7)	19	(6.4)	31	(9.5)	52	(7.9)	(8.1)	(7.0)
Region 4	36	(7.9)	34	(8.1)	50	(8.4)	120	(8.2)	(8.2)	(8.0)
Region 5	35	(7.8)	19	(5.8)	40	(6.3)	94	(6.7)	(6.5)	(6.9)
Region 6	47	(12.1)	33	(7.9)	12	(6.7)	92	(9.3)	(8.6)	(9.9)
Region 7	22	(5.9)	29	(8.8)	10	(4.8)	61	(6.7)	(6.8)	(6.7)
Region 8	15	(8.4)	2	(6.7)	2	(3.3)	19	(7.1)	(6.3)	(7.0)
Region 9	18	(10.1)	30	(7.7)	15	(5.0)	63	(7.3)	(6.8)	(8.5)
Region 10	17	(9.2)	6	(10.0)	0	(.0)	23	(9.4)	(9.5)	(9.5)

HDI estimated the case-weighted population rate at 7.4 percent (616,000 cases). (Recall that the population referred to in this and the subsequent chapters is the FY 1985 acute-care Medicare cases from nonwaiver states). The small hospitals represent 129,000 cases, medium hospitals 232,000 cases, and 255,000 for the large hospitals.

The finding that differences in the rates of change to higher weighted DRGs was not statistically significant among the bed size classes or demographic factors is of particular interest. This implies that "undercoding" occurs throughout the hospitals. The possible reasons include:

- Lack of complete documentation on the medical record at the time of initial coding (e.g., lab and pathology results, autopsy reports, radiology reports).
- Billing offices exert pressure on the medical record departments for diagnoses and procedures to be submitted in a timely fashion to assist the hospital cash flow. This could be prior to a complete record being available to the coder.
- Attention to financial implications of coding practices was in its infancy at the time of this Study's data.

Reasons for DRG Changes

Payment for a Medicare claim commences upon a patient's discharge from the hospital. At that time, the attending physician (1) lists the principal diagnosis, secondary diagnoses, and any inpatient procedures on the front of the chart; and (2) signs an attestation certifying the correctness of these statements. The hospital then assigns ICD-9-CM codes to all diagnoses and procedures for each case, using the rules of the Uniform Hospital Discharge Data Set and ICD-9-CM guidelines. The hospital enters up to five diagnosis codes and three procedure codes on its claim.

The accuracy of the process can, therefore, go awry at multiple points.

- The medical record may not adequately document the existence of a particular diagnosis or procedure.
- The attending physician may incorrectly describe diagnoses and procedures.
- The physician may select the wrong diagnosis as being the condition chiefly responsible for occasioning the patient's admission.
- The physician narrative may use diagnoses or procedures that do not appear in ICD-9-CM or in terms that are too vague for coding.
- The coder may select the wrong code for a narrative diagnoses or procedure.
- The narrative may be altered after code selection (e.g., because of laboratory reports that arrive after discharge) and the codes are not adjusted.
- The physician or coder may sequence the diagnoses incorrectly.

Within this Study HDI, therefore, attempted to identify the reasons for the 1,374 DRG changes. All cases with the HDI DRGs differing from the Fiscal Intermediary DRGs were reviewed by a coder after physician validation and the coder completed the "Explanation of HDI-Fiscal Intermediary DRG Difference" form (Page 4 of the medical record abstract). This form categorized the reason for the coding changes affecting DRG assignment to facilitate analysis upon the aggregation of the data. Specific reasons broke down the anticipated types of errors. For example, when the HDI coder changed an ICD-9-CM code which affected the DRG, the Page 4 form would help analysts distinguish principal or secondary diagnoses codes from the procedure code.

It should be noted that several reasons for the discrepancy in DRG assignment existed, in some instances, and were noted as appropriate. This includes the utilization of the "other explanatory factors" in conjunction with either the narrative, code or sequencing change categories. These three areas remain the most precise for detailing the reason for the error.

This system identified several possible reasons for DRG changes:

Narrative Change: This category includes three types of changes.

- Changes in the principal diagnosis (e.g., the diagnosis used by HDI was not listed on the attestation sheet at all)
- Addition or deletion of a secondary diagnosis that qualifies as a complication or comorbidity (CC) (e.g., the medical record did not support that condition under the UHDDS definition of "other diagnosis")
- Addition or deletion of an operative procedure

The attending physician bears the responsibility for the correct narrative diagnoses and procedures on the attestation sheet.

Code Change: This category describes those cases where the HDI ICD-9-CM code for the narrative on the attestation form differed from that coded by the hospital. This applied to the principal diagnosis, secondary diagnoses and/or the operative procedure codes.

A variety of reasons could account for these discrepancies:

- ICD-9-CM has specific rules relating to the code.
- The physician's narrative was vague and subject to misinterpretation by the coder.
- The narrative was altered after coding had been done.
- The hospital code was clearly unrelated to the narrative (e.g., transcription error).

The hospital coder is responsible for coding the appropriate diagnosis and procedures which create the DRG assignment.

Sequencing Change: This category identified cases where the attestation sheet listed the correct diagnoses, but identifies the wrong one as being the principal diagnosis. Usually, this change took the form of incorrect physician selection of the principal diagnosis on the attestation sheet. Occasionally, the physician chose the correct principal diagnosis and the hospital submitted a bill having a different principal diagnosis. Sequencing rules as dictated by the Uniform Hospital Discharge Data Set (UHDDS) and ICD-9-CM coding guidelines were considered when describing each error. HDI collected data for those cases with or without renumbering of the attestation codes.

Other: Additional explanatory factors were added to this form to assist in explaining the reasons for a discrepancy. These include cases where the admitting diagnosis was submitted to the Fiscal Intermediary as the principal, multiple conflicting attestation forms were present in the record, and where coding may have been performed on an incomplete record. The "other" category was also utilized to identify such errors as incorrect patient age which altered the DRG.

The most frequent error revealed proved to be in the narrative diagnoses and procedures noted by the attending physician on the attestation form. Change in narrative principal diagnosis occurred in 7.6 percent of the cases in the Sample (an estimated 7.1 percent of the FY 1985 Medicare cases). With respect to cases in the Sample where HDI audit disagreed with the Fiscal Intermediary DRG, this type of error had a 39.2 percent occurrence rate. Theseerrors occurred because the attending physician failed to list the principal diagnosis on the attestation form.

Sequencing changes were the second most frequent category of DRG changes. HDI disagreed with the hospital coding sequence in 5.3 percent of the cases in the Sample, (an estimated 4.8 percent of the FY 1985 Medicare cases). With respect to cases in the Sample where HDI audit disagreed with the Fiscal Intermediary DRG, this type of error had a 27.0 percent occurrence rate. These changes represent the attending physician's incorrect sequencing of the final diagnoses on the attestation form. The code order was determined by UHDDS/ICD-9-CM coding guidelines in nearly 60 percent of the cases with this type of error.

Attestation sheets were renumbered in a small percentage of the DRG changes. The hospital coder was in error when there was evidence of renumbering of the codes and the DRG changed (one percent).

A change in the ICD-9-CM code applied to the physician's narrative was evidence of hospital coder errors. There were three basic types of code change error: disagreement on principal diagnosis, disagreement on secondary diagnoses, and disagreement on procedure code. The principal diagnosis was found to be the most frequent source of ICD-9-CM coding error: 1.7 percent of the sample cases, 1.6 percent of the FY 1985 cases, or 8.8 percent of those cases with changes in the DRG. Next most frequent was procedure code change, followed by secondary diagnoses code change.

Failure of the hospital to properly apply ICD-9-CM coding rules was the most common reason for a change to be made to the principal diagnosis code by the HDI coder. A vague narrative was the second most frequent reason for a change to be made to the principal diagnosis code. However, attributing responsibility for coding change is difficult as the hospital coder may not have had a clear cut diagnosis or procedure assigned and possibly misinterpreted the physician's intended meaning. However, the medical record coder should have contacted the attending physician when narratives were vague or ambiguous. The remaining ICD-9-CM coding errors were instances where the coder was clearly in error as the code was totally unrelated to the physician's narrative diagnoses and/or procedures.

Table 4-4 displays the errors in DRG assignment in three (3) hospital bed size strata as well as the percentages of each of these reasons. The percentages provide an estimate of the likelihood of that reason within the bed size strata. For example, if a case were reviewed at random in a small hospital (less than 100 beds) for narrative principal diagnosis change the chances are 9.89 percent of a case having a narrative change of the principal diagnosis.

The small hospitals (Table 4-4) are prominent with the highest percentages of both narrative changes and sequencing errors. The percentage of sequencing disagreements is 41 percent higher

TABLE 4-4 Analysis of Errors Affecting DRG Assignment by Hospital Size

Bed size Number (Percent)	<100		100-299		300+		Total	Weighting: Sample	Case	% of chgs sample
NARRATIVE CHANGE:										
HDI changed narrative principal diagnosis	225	(9.89)	168	(7.04)	145	(6.08)	538	(7.6)	(7.1)	(39.16)
HDI added narrative complications/ comorbidity (cc) diagnosis	16	(0.70)	11	(0.46)	21	(0.88)	48	(0.7)	(0.7)	(3.49)
HDI deleted narrative complications/ comorbidity diagnosis	19	(0.83)	11	(0.46)	14	(0.59)	44	(0.6)	(0.6)	(3.20)
HDI added narrative Operating Room procedure	6	(0.26)	7	(0.29)	11	(0.46)	24	(0.3)	(0.4)	(1.75)
HDI deleted narrative Operating Room procedure	2	(0.09)	1	(0.04)	4	(0.17)	7	(0.1)	(0.1)	(0.51)
CODE CHANGE:										
HDI pr dx code differs from hosp pr dx code	48	(2.11)	43	(1.80)	30	(1.26)	121	(1.7)	(1.6)	(8.81)
• hosp code incorrect, ICD-9 rule	33	(1.45)	26	(1.09)	26	(1.09)	85	(1.2)	(1.2)	(6.19)
• narrative vague	10	(0.44)	14	(0.59)	3	(0.13)	27	(0.4)	(0.4)	(1.97)
• narrative change after code assigned	0	(0.00)	0	(0.00)	0	(0.00)	0	(0.0)	(0.0)	(0.00)
• code unrelated to narrative	5	(0.22)	3	(0.13)	1	(0.04)	9	(0.1)	(0.1)	(0.66)
HDI secondary dx code differs from hosp, changes cc status	4	(0.18)	6	(0.25)	4	(0.17)	14	(0.2)	(0.2)	(1.02)
• hosp code incorrect, ICD-9 rule	4	(0.18)	6	(0.25)	2	(0.08)	12	(0.2)	(0.2)	(0.87)
• narrative vague	0	(0.00)	0	(0.00)	1	(0.04)	1	(0.0)	(0.0)	(0.07)
• narrative change after code assigned	0	(0.00)	0	(0.00)	0	(0.00)	0	(0.0)	(0.0)	(0.00)
• code unrelated to narrative	0	(0.00)	0	(0.00)	1	(0.04)	1	(0.0)	(0.0)	(0.07)
HDI proc code differs from hosp, changes O.R. proc status	8	(0.35)	21	(0.88)	17	(0.71)	46	(0.7)	(0.7)	(3.35)
• hosp code incorrect, ICD-9 rule	4	(0.18)	14	(0.59)	7	(0.29)	25	(0.4)	(0.4)	(1.82)
• narrative vague	2	(0.09)	3	(0.13)	4	(0.17)	9	(0.1)	(0.1)	(0.66)
• narrative change after code assigned	0	(0.00)	0	(0.00)	0	(0.00)	0	(0.0)	(0.0)	(0.00)
• code unrelated to narrative	2	(0.09)	4	(0.17)	6	(0.25)	12	(0.2)	(0.2)	(0.87)
SEQUENCE CHANGE:										
HDI disagrees with hospital sequence	173	(7.60)	108	(4.52)	90	(3.77)	371	(5.3)	(4.8)	(27.00)
• HDI order based on UHDDS guideline	104	(4.57)	57	(2.39)	57	(2.39)	218	(3.1)	(2.8)	(15.87)
• HDI selected different principal dx, no UHDDS	68	(2.99)	51	(2.14)	33	(1.38)	152	(2.2)	(2.0)	(11.06)
AT sheet codes were renumbered	3	(0.13)	6	(0.25)	5	(0.21)	14	(0.2)	(0.2)	(1.02)
• HDI disagrees based on UHDDS guideline	0	(0.00)	3	(0.13)	0	(0.00)	3	(0.0)	(0.0)	(0.22)
• HDI selected different principal dx, no UHDDS	2	(0.09)	3	(0.13)	2	(0.08)	7	(0.1)	(0.1)	(0.51)
• HDI agrees with original AT sequence	1	(0.04)	0	(0.00)	3	(0.13)	4	(0.1)	(0.1)	(0.29)
AT sheet codes renumbered - no narrative change	1	(0.04)	5	(0.21)	3	(0.13)	9	(0.1)	(0.1)	(0.66)
OTHER FACTORS:										
Admitting diagnosis submitted as pr dx	6	(0.26)	3	(0.13)	3	(0.13)	12	(0.2)	(0.2)	(0.87)
Hospital code not done on AT sheet	45	(1.98)	34	(1.42)	18	(0.75)	97	(1.4)	(1.2)	(7.06)
Hospital code done on incomplete record	2	(0.09)	3	(0.13)	4	(0.17)	9	(0.1)	(0.1)	(0.66)
Multiple conflicting AT sheets	3	(0.13)	2	(0.08)	11	(0.46)	16	(0.2)	(0.3)	(1.16)
Documentation of narratives insufficient	147	(6.46)	103	(4.31)	65	(2.72)	315	(4.5)	(4.0)	(22.93)
AT does not distinguish between pr dx and others	39	(1.71)	24	(1.01)	19	(0.80)	82	(1.2)	(1.0)	(5.97)
Missing forms requested but not received	0	(0.00)	1	(0.04)	0	(0.00)	1	(0.0)	(0.0)	(0.07)
DRG based on face sheet agrees with HDI	8	(0.35)	3	(0.13)	5	(0.21)	16	(0.2)	(0.2)	(1.16)
Other	49	(2.15)	54	(2.26)	67	(2.81)	170	(2.4)	(2.5)	(12.37)

in the small hospitals than in the larger hospitals (over 300 beds). This would suggest the crucial need for educating the physicians and coders of proper sequencing rules and reinforcing the definition of the principal diagnosis. Hospital size was not a factor in the distribution of ICD-9-CM code changes by major category of reason for change.

In conclusion, the striking finding in the analysis of DRG errors was that a large percentage of errors can be attributed to physician documentation on the attestation statement. This presented itself in two forms, the first and largest was the lack of notation of pertinent diagnoses/procedures. Secondly, the incorrect sequence of those diagnoses/procedures on the attestation statement had a large effect on the errors encountered. The percentage of errors attributable to the hospital coder is, comparatively, rather small.

The high percentage of errors attributable to incorrect attestation by the attending physician (narrative principal diagnosis changes and sequencing disagreements, 39.2 percent and 27.0 percent of those cases with DRG changes respectively) raises the following questions regarding the medical record coders involvement:

- Has the coder blindly coded the diagnoses and procedures noted on the attestation form without reviewing the patients medical record for validation of those diagnoses and procedures and identification and deletion of additional diagnoses and procedures?
- Has the coder performed a detailed review of the medical record and does not have access to the physicians to question inconsistencies between the attestation form and the medical record?
- Do the medical record coders have sufficient knowledge (particularly the small hospitals) to perform a thorough review of the patient's medical record and verify the appropriate diagnoses and procedures as documented in the medical record?
- Is there enough coding staff within a medical record department to provide the time necessary to completely review the patient's record and the attestation completed by the physician?
- Have the medical record department directors provided adequate orientation to the physician staff regarding proper documentation on the attestation form?
- Do the medical record coders feel intimidated by the physician's and the legality of his or her documentation on the attestation sheet? Does this intimidation prohibit them from challenging the documentation?

These questions are not easily answered and it is very difficult to define where the attending physicians responsibility and accountability begin and end and where the ICD-9-CM coders does. This process is truly a joint effort to appropriately place each patient in the correct diagnostic related group. HCFA regulations place final responsibility on the attending physician via his or her signature on the attestion form which states ..."I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge." An attempt was made to refine the responsibility when the statement was changed in October 1984. The previous statement implied that the physicians were attesting not only to the diagnoses and procedures, but the ICD-9-CM codes as well.

The American Medical Record Association (AMRA) places significant responsibility on the ICD-9-CM coder in their position statement on "ICD-9-CM Coding Competency" (January

1987, AMRA Journal). This position statement declares several traits of a competent coder to be one who:

- Thoroughly reads and interprets the documentation contained in every medical record to identify all diagnoses and procedures to which codes must be affixed.
- Consults the appropriate physician when conflicting or ambiguous information appears in the medical record, so the medical record documentation may be clarified.
- Applies Uniform Hospital Discharge Data Set (UHDDS) definitions to select the principal diagnosis, principal procedure and other diagnoses and procedures which require coding.

In an attempt to categorize responsibility for the errors in DRG assignment, the reasons for DRG changes were attributed to either the attending physician or the hospital coder. As outlined above, the documentation and coding of principal diagnosis, additional diagnoses, and principal and other procedures is a joint effort. Corrective action for improving the data supplied to the fiscal intermediary, upon which DRGs are based, needs to be focused on both the attending physician and the hospital coder.

Financial Effects of DRG Changes

Regardless of the reason for them, these coding changes have financial effects. The impact of any single case principally depends upon the weight HCFA sets for its particular DRG. Table 4-5 averages the weights for all cases in each hospital size strata. Larger hospitals have higher mean weights because they serve Medicare patients having more complex conditions, as reflected in the calculation of both the Fiscal Intermediary and HDI. On the other hand, large hospitals have the smallest differences between the Fiscal Intermediary's CMI and HDI's CMI. This trend presumably reflects their lower rate of coding changes.

Table 4-5: Case Mix Index by hospital size

Bed size	<100	100-299	300+	Sample	Case	Hospital
Average Weight						
FI	0.9952	1.0802	1.1836	1.0878	1.1101	1.0526
HDI	0.9678	1.0679	1.1756	1.0720	1.0970	1.0332
Difference						
Mean						
Per Case	0.0274	0.0123	0.0080	0.0157	0.0132	0.0194
Per DRG Change	0.1159	0.0666	0.0483	0.0807	0.0676	0.0892

Kruskal-Wallis (χ^2=11.90, d.f.=2, P=0.0026), and Van Der Waerden (χ^2=10.51, d.f.=2, P=0.0052) scores confirm the significance of the bed size trend. Similar results showed that the correlation of bed size with Fiscal Intermediary weight, with HDI DRG weight and with weight difference were all significant. Nonparametric one-way analyses indicated that none of the demographic factors appear significant.

This change in the case mix index from 1.1102 to 1.0970, upon recoding, may not seem large, (1.5 percent decrease), but it had a large impact. HCFA paid $27 billion under PPS in FY 1985.(data supplied by OIG) Table 4-6 shows the *net* financial effect by bed size class. Over $308 million of the $27 billion represents coding changes. Hospitals would not have received the extra $308 million had they used more accurate coding.

Table 4-6: Financial Effects of Coding Changes

Bed size	<100		100-299		300+		Total	
Number of discharges (Percent)								
Sample	$136,355	(46.4)	$105,120	(35.8)	$52,468	(17.8)	$293,943	(100.0)
Population	$91,208,571	(29.6)	$136,722,025	(44.4)	$80,234,177	(26.0)	$308,164,773	(100.0)
Average /Case	$59.91		$44.02		$21.99			

The average overpayment per case exhibits a decreasing trend with respect to increasing hospital size. Kruskal-Willis (χ^2=10.46, d.f.=2, P=0.0054), median scores (χ^2=37.44, d.f.=2, P=0.0001), and Van Der Waerden (χ^2=7.51, d.f.=2, P=0.0234) scores all confirm the significance of the bed size trend. Case volume differences among the bed size classes cause the estimated population total financial effect of DRG changes to be largest among the mid-sized hospitals.

HCFA may not necessarily "realize" the full amount of this sum, even for future fiscal years. This Study may have employed a higher level of resources, although the HDI coders averaged 18 minutes of coder time per record which is feasible for daily use in hospital coding process. However, the rate of changes suggests that room exists for improved accuracy.

The volume of errors in DRG assignment as well as their financial implications warrant efforts be implemented which curtail the continuation or potential increase in errors and ultimately the cost to the prospective payment system. Potential solutions include but are not limited to the following:

- Improvement in education provided to physicians for proper and complete documentation within a patient's medical record.
- This education should extend to the definitions and usage of principal and secondary diagnoses and procedures.
- Commencement of this education during medical school and/or internship.
- Initiate and increase communication between hospital coder and attending physicians.
- Formalize process within each hospital for coders to question and resolve cases where they disagree with the attestation form.
- Utilize the PRO in each state to provide feedback regarding coding issues to all its hospitals. One vehicle for accomplishing this is the state Medical Record Associations, or on a population level utilization of the American Medical Record Association.
- Educational sessions could be conducted by the PRO's for physicians with manadatory attendance. PRO's would discuss actual case findings and problems revealed, the focus being documentation effects on reimbursement.

High Change DRGs

The frequency distribution of DRGs and their coding changes appears in the Appendix. This information indicates that some DRGs have more accurate coding than others. Coding reviewers might therefore find it more efficient to concentrate more of their efforts upon selected DRGs.

Three methods are presented for comparing the potential impact of auditing selected DRGs: high volume of changes, high rate of changes, and high financial impact from changes. The methods all take a similar form: DRGs are ranked with respect to volume of changes, rate of changes (only for DRGs with at least 30 audited cases in the sample), and financial impact of changes. Then the 10 top ranked DRGs were selected from each list. Note, that the rankings do not have to include the same DRGs. A DRG with 20 changes on audit out of 30 sampled cases has a higher rate (67 percent) of change than a DRG with a 50 changes out of 100 cases. However, the latter DRG has a higher volume of changes. Furthermore, financial impacts are estimated by the sum of weight differences which are dependent upon both the volume of changes *and* the mean difference between the audited and Fiscal Intermediary weights. Thus, ranking by financial impact may differ from both ranking by rate of change and ranking by volume of changes.

Table 4-7 lists Fiscal Intermediary DRGs changed most frequently in the Sample. To an extent, this list merely reflects DRGs that occur frequently in the Sample and Populations. The frequency of pulmonary, cardiac, and gastric DRGs parallels the rate of pathology found in hospitalizations.

Table 4-7: Fiscal Intermediary DRGs with high frequency of changes

DRG Name	Number Sample	Changes	Rate	Weight
89 - Simple Pneumonia & Pleurisy*	351	62	(17.7)	1.1029
88 - Chronic Obstructive Pulmonary Disease	130	55	(42.3)	1.5529
87 - Pulmonary Edema & Respiratory Failure	91	53	(58.2)	1.0412
127 - Heart Failure & Shock	388	52	(13.4)	1.0408
14 - Specified Cerebrovascular Disorders except TIA	217	42	(19.4)	1.3527
140 - Angina Pectoris	261	40	(15.3)	.7548
182 - Esophagitis, Gastroent. & Misc. Digest. Dis.*	245	39	(15.9)	.6185
296 - Nutritional & Misc. Metabolic Disorders*	173	37	(21.4)	.8979
132 - Atherosclerosis*	42	36	(85.7)	.9182
99 - Respiratory Signs & Symptoms*	41	25	(61.0)	.8035

* - Age > 69 and /or C.C.

Table 4-8 presents Fiscal Intermediary DRGs with high likelihoods of change (greater than 30 percent) and a frequency of at least 30 in the Sample. These DRGs occur with varying frequency but would yield a high rate of changes upon focused re-abstraction. Four of the ten DRGs also appear on the preceeding list. These DRGs therefore constitute a large proportion of the total changes, as well as high rates of change. Fiscal Intermediary DRGs with high change rates are DRGs which are either difficult to code, manipulate, or both. The Fiscal Intermediary DRGs with high change volume and rates might benefit from efforts to standardize assignment criteria.

Table 4-8: Fiscal Intermediary DRGs with high rates of changes

DRG Name	Number Sample	Changes	Rate	Weight
132 - Atherosclerosis*	42	36	(85.7)	.9182
99 - Respiratory Signs & Symptoms*	41	25	(61.0)	.8035
87 - Pulmonary Edema & Respiratory Failure	91	53	(58.2)	1.0412
449 - Toxic Effects of Drugs*	33	17	(51.5)	.7331
416 - Septicemia Age > 17	51	22	(43.1)	1.5504
88 - Chronic Obstructive Pulmonary Disease	130	55	(42.3)	1.5529
172 - Digestive Malignancy*	37	14	(37.8)	1.2268
239 - Patholog. Fract. & Musculoskel. & Conn. Tiss. Malig.	45	14	(31.1)	1.0979
316 - Renal Failure w/o Dialysis	30	9	(30.0)	1.3314
468 - Unrelated O.R. Procedure	66	18	(27.3)	2.1037

* - Age > 69 and / or C.C.

Table 4-9 multiplies frequency of changes by DRG weight to capture the largest impact on the Sample CMI shift. It provides a preliminary indication of which DRGs have the largest impact on the level of overpayment in the Sample. Four of the DRGs with the greatest savings potential also appear in the list of the high frequency DRGs: 89, 88, 87, and 14. Furthermore, four of the DRGs with the greatest savings potential also appear in the list of the Fiscal Intermediary DRGs with high rates of DRG changes: 87, 416, 468 and 88.

Table 4-9: 10 DRG Changes with Greatest Savings Potential

DRG	FI Weight Of DRG	# of Cases Reviewed	Total Reimbursement Weight	# of DRGs Changes (+/-)	% of DRGs Changed	Sum of HDI Proposed Weight Changes	Total Proposed Reimbursement Weight
87	1.5529	91	141.3139	2 /52	(59.3)	-28.7368	112.5771
14	1.3527	217	293.5359	3 /39	(19.4)	-21.6950	271.8409
154	2.6901	38	102.2238	0 /8	(21.1)	-13.4017	88.8221
468	2.1037	66	138.8442	3 /14	(25.8)	-13.0519	125.7923
416	1.5504	51	79.0704	2 /20	(43.1)	-12.7379	66.3325
79	1.7982	59	106.0938	0 /12	(20.3)	-11.3794	94.7144
89	1.1029	351	387.1179	7 /55	(17.7)	-10.1815	376.9364
121	1.8648	72	134.2656	1 /14	(20.8)	-8.8776	125.3880
415	3.0027	16	48.0432	0 /8	(50.0)	-7.7922	40.2510
88	1.0412	129	134.3148	13 /40	(41.1)	-7.5916	126.7232
GROUP TOTAL - 10 FI DRGs with Greatest Savings Potential		1090	1564.8235	31 /262	(26.9)	-135.4456	1429.3779
ALL DRGs		6988	7603.2934	533 /835	(19.6)	-110.7868	7492.5066
AVERAGE FI DRG WEIGHT:				Group of 10:	1.435618		
				All DRGs:	1.08805		

PRO Review of Coding

PROs reviewed the coding in 1,728 of the Sample's 7,050 cases as shown in Table 4-10. Thus, a hospital had a 25.7 percent chance of PRO review of its coding, whereas 23.0 percent of all cases underwent PRO review. Small hospitals had the highest probability of oversight and this difference was found to be statistically significant (χ^2=27.84, d.f.=2, P=0.0001).

Table 4-10: PRO review of coding by hospital size

Bed size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital
Number of discharges										
(Percent of Sample)										
Total	647	(28.4)	545	(22.8)	536	(22.5)	1728	(24.5)	(23.7)	(25.7)
Urban	119	(26.2)	323	(19.3)	498	(22.2)	940	(21.5)	(21.3)	(23.3)
Rural	528	(29.0)	222	(31.2)	38	(26.8)	788	(29.5)	(29.6)	(29.3)
Teaching	19	(31.7)	94	(20.9)	233	(17.7)	346	(19.0)	(18.6)	(26.0)
Nonteaching	628	(28.3)	451	(23.3)	303	(28.3)	1382	(26.5)	(26.1)	(26.7)
Profit	50	(23.8)	99	(23.6)	14	(23.3)	163	(23.7)	(23.6)	(23.7)
Nonprofit	597	(28.9)	446	(22.7)	522	(22.4)	1565	(24.6)	(23.7)	(25.8)
Region 1	11	(28.9)	50	(44.2)	22	(27.2)	83	(35.8)	(35.8)	(33.7)
Region 3	0	(0.0)	4	(1.3)	6	(1.8)	10	(1.5)	(1.6)	(1.5)
Region 4	133	(29.1)	109	(26.1)	157	(26.3)	399	(27.1)	(26.7)	(27.7)
Region 5	128	(28.5)	82	(24.9)	141	(22.4)	351	(24.9)	(24.1)	(26.4)
Region 6	44	(11.3)	94	(22.4)	34	(18.9)	172	(17.4)	(18.8)	(16.1)
Region 7	172	(46.2)	113	(34.2)	80	(38.3)	365	(40.1)	(38.5)	(41.1)
Region 8	70	(39.1)	4	(13.3)	21	(35.0)	95	(35.3)	(33.6)	(30.1)
Region 9	48	(27.0)	82	(21.1)	75	(25.0)	205	(23.6)	(23.4)	(24.7)
Region 10	41	(22.2)	7	(11.7)	0	(0.0)	48	(19.6)	(18.1)	(1.8)

Similarly, rural hospitals had higher rates of PRO review than urban hospitals, and nonteaching hospitals underwent review more frequently than teaching hospitals. Nonprofit status showed no obvious trends. This distribution suggests PROs already concentrate their coding review resources upon those types of hospitals found to have the lowest coding accuracy in this study: small, rural, and nonteaching. Conversely, their rate of review has a limited range, from a low of 17.7 percent of case from large teaching hospitals to a high of 31.7 percent in small teaching hospitals.

Table 4-11 captures the degree to which the PROs confirmed the coding process by the Fiscal Intermediary. For example, the PRO reviewed 647 cases from small hospitals and agreed with the Fiscal Intermediary DRG in 583 cases (90.1 percent). The agreement rate with large hospitals was only slightly greater than with small and medium-sized hospitals. This absence of a bed

Table 4-11: PRO and FI coding agreement by hospital size

Bed size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital
Number of discharges										
(Percent of PRO Review)										
Total	583	(90.1)	501	(91.9)	497	(92.7)	1581	(91.5)	(91.9)	(91.1)
Urban	109	(91.6)	293	(90.7)	465	(93.4)	867	(92.2)	(92.4)	(91.6)
Rural	474	(89.8)	208	(93.7)	32	(84.2)	714	(90.6)	(90.9)	(90.2)
Teaching	16	(84.2)	56	(91.5)	217	(93.1)	319	(92.2)	(92.5)	(88.0)
Nonteaching	567	(90.3)	415	(92.0)	280	(92.4)	1262	(91.3)	(91.7)	(91.2)
Profit	45	(90.0)	86	(86.9)	10	(71.4)	141	(86.5)	(85.6)	(86.1)
Nonprofit	538	(90.1)	415	(93.0)	487	(93.3)	1440	(92.0)	(92.5)	(91.6)
Region 1	11	(100.0)	44	(88.0)	18	(81.8)	73	(88.0)	(86.9)	(93.2)
Region 3	0	(0.0)	4	(100.0)	6	(100.0)	10	(100.0)	(100.0)	(100.0)
Region 4	117	(88.0)	93	(85.3)	148	(94.3)	358	(89.7)	(90.4)	(88.1)
Region 5	119	(93.0)	76	(92.7)	129	(91.5)	324	(92.3)	(92.1)	(92.6)
Region 6	41	(93.2)	92	(97.9)	34	(100.0)	167	(97.1)	(97.7)	(95.8)
Region 7	149	(86.6)	107	(94.7)	77	(96.3)	333	(91.2)	(92.8)	(90.8)
Region 8	66	(94.3)	4	(100.0)	14	(66.7)	84	(88.4)	(84.1)	(91.8)
Region 9	45	(93.8)	74	(90.2)	71	(94.7)	190	(92.7)	(92.7)	(92.8)
Region 10	35	(85.4)	7	(100.0)	0	(0.0)	42	(87.5)	(89.0)	(91.0)

size trend continues across the other demographic variables. Additionally, hospitals had similar rates of PRO agreement when compared by location, teaching status, nonprofit status, and region.

Table 4-12 shows a similar demographic distribution, but lower rates of agreement between HDI's DRG selection and the PRO's DRG. Hospital size associates with agreement slightly more strongly, but the ranges remain relatively narrow. Urban and nonprofit hospitals display slightly higher confirmation rates, while teaching status suggest PROs could improve their scrutiny of coding accuracy, but that their general accuracy rate remains constant in all types of hospitals.

Because the overall agreement rates tend to be high even for HDI and the Fiscal Intermediary (sample agreement rate of 19.5 percent), it is of interest to consider how well the PRO and HDI agree in cases about which there is some degree of contention. Table 4-13 considers just cases that were reviewed by both the PROs and HDI. For these cases the PRO and HDI agree in 75 percent of the cases overall. However, for cases in which the HDI and the Fiscal Intermediary disagree on DRG assignment, the PRO and HDI disagree in nearly 96 percent of the cases. In nearly 88 percent of the cases in which HDI and the Fiscal Intermediary disagree, the PRO agreed

with the Fiscal Intermediary. In approximately 8 percent of these cases, the PRO and HDI both disagree with the Fiscal Intermediary. Thus, it would appear that the methods of review used by HDI would lead to very different results than is typical of PRO review, a substantially higher disagreement rate.

Table 4-12: HDI and PRO coding agreement by hospital size

Bed size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital
Number of discharges										
(Percent of PRO Review)										
Total	457	(70.6)	417	(76.5)	422	(78.7)	1296	(75.0)	(76.1)	(73.8)
Urban	87	(73.1)	245	(75.9)	398	(79.9)	730	(77.6)	(78.1)	(75.1)
Rural	370	(70.1)	172	(77.5)	24	(63.2)	566	(71.8)	(72.6)	(71.4)
Teaching	11	(57.9)	72	(76.6)	188	(80.7)	271	(78.3)	(79.1)	(67.6)
Nonteaching	446	(71.0)	345	(76.5)	234	(77.2)	1025	(74.2)	(75.2)	(73.8)
Profit	38	(76.0)	68	(68.7)	6	(42.9)	112	(68.7)	(67.0)	(68.4)
Nonprofit	419	(70.2)	349	(78.3)	416	(79.7)	1184	(75.7)	(77.1)	(74.3)
Region 1	9	(81.8)	36	(72.0)	15	(68.2)	60	(72.3)	(71.5)	(76.5)
Region 3	0	(0.0)	4	(100.0)	5	(83.3)	9	(90.0)	(89.5)	(94.6)
Region 4	86	(64.7	76	(69.7)	112	(71.3)	274	(68.7)	(69.6)	(67.4)
Region 5	85	(66.4)	63	(76.8)	113	(80.1)	261	(74.4)	(76.4)	(72.0)
Region 6	29	(65.9)	77	(81.9)	29	(85.3)	135	(78.5)	(80.5)	(74.2)
Region 7	134	(77.9)	88	(77.9)	71	(88.8)	293	(80.3)	(81.4)	(79.6)
Region 8	49	(70.0)	2	(50.0)	13	(61.9)	64	(67.4)	(65.7)	(62.2)
Region 9	37	(77.1)	65	(79.3)	64	(85.3)	166	(81.0)	(81.7)	(79.1)
Region 10	28	(68.3)	6	(85.7)	0	(60.0)	34	(70.8)	(72.6)	(75.0)

Table 4-13: PRO, HDI, Hospital and FI coding agreement by hospital size

Bed size	<100	100-299	300+	Total	Weighting Sample	Case	Hospital
Number of discharges (Percent of PRO Review)							
HDI and PRO Agreement Rates							
Agree	457 (70.6)	417 (76.5)	422 (78.7)	1296	(75.0)	(76.4)	(73.8)
Disagree	190 (29.4)	128 (23.5)	114 (21.3)	432	(25.0)	(23.6)	(26.2)
Total	647 (100.0)	545 (100.0)	536 (100.0)	1728	(100.0)	(100.0)	(100.0)
HDI and FI Agree on DRG Assignment when PRO also reviewed case							
PRO And FI:							
Agree	446 (92.0)	416 (91.8)	420 (93.3)	1282	(92.4)	(92.5)	(92.1)
Disagree	39 (8.0)	37 (8.2)	30 (6.7)	106	(7.6)	(7.5)	(7.0)
Total	485 (100.0)	453 (100.0)	450 (100.0)	1388	(100.0)	(100.0)	(100.0)
HDI and FI Disagree on DRG Assignment when PRO also reviewed case							
PRO And FI:							
Agree	137 (84.6)	85 (92.4)	77 (89.5)	299	(87.9)	(89.7)	(87.9)
Disagree	25 (15.4)	7 (7.6)	9 (10.5)	41	(12.1)	(10.3)	(12.1)
Total	162 (100.0)	92 (100.0)	86 (100.0)	340	(100.0)	(100.0)	(100.0)
PRO And HDI:							
Agree	11 (6.8)	1 (1.1)	2 (2.3)	14	(4.1)	(2.7)	(4.2)
Disagree	151 (93.2)	91 (98.9)	84 (97.7)	326	(95.9)	(97.3)	(95.8)
Total	162 (100.0)	92 (100.0)	86 (100.0)	340	(100.0)	(100.0)	(100.0)
HDI and FI Agreement Rates							
Agree	1738 (76.4)	1947 (81.5)	1991 (83.4)	5676	(80.5)	(81.4)	(79.2)
Disagree	538 (23.6)	441 (18.5)	395 (16.6)	1374	(19.5)	(18.6)	(20.8)
Total	2276 (100.0)	2388 (100.0)	2386 (100.0)	7050	(100.0)	(100.0)	(100.0)
HDI and Hospital Agree on DRG Assignment							
FI and Hospital:							
Agree	1691 (98.0)	1887 (97.9)	1920 (98.1)	5498	(98.0)	(98.0)	(98.0)
Disagree	35 (2.0)	41 (2.1)	37 (1.9)	113	(2.0)	(2.0)	(2.0)
Total	1726 (100.0)	1928 (100.0)	1957 (100.0)	5611	(100.0)	(100.0)	(100.0)
HDI and Hospital Disagree on DRG Assignment							
FI and Hospital:							
Agree	485 (88.2)	371 (80.7)	334 (77.9)	1190	(82.7)	(80.8)	(84.1)
Disagree	65 (11.8)	89 (19.3)	95 (22.1)	249	(17.3)	(19.2)	(15.9)
Total	550 (100.0)	460 (100.0)	429 (100.0)	1439	(100.0)	(100.0)	(100.0)
FI and HDI:							
Agree	47 (8.5)	60 (13.0)	71 (16.6)	178	(12.4)	(13.8)	(11.3)
Disagree	503 (91.5)	400 (87.0)	358 (83.4)	1261	(87.6)	(86.2)	(88.7)
Total	550 (100.0)	460 (100.0)	429 (100.0)	1439	(100.0)	(100.0)	(100.0)

V. Clinical Review Results

This section describes the Study's results from the AEP and physician review. The AEP identifies how and why the patient came to be in the hospital and the clinical appropriateness of the admission. It also provides information about certain circumstances attendant to the patient's subsequent discharge from the hospital. The physicians confirmed all inappropriate admissions by reviewing the entire length of stay and reviewed all admissions referred by nurses for quality of care findings.

One of the major findings of this study is the large financial impact of inappropriate admissions (an estimated $2.0 billion) paid by the Fiscal Intermediary (details in Financial Effects of Inappropriate Care, this chapter). While it may be neither feasible nor desirable to reduce the inappropriate admission rate to zero, and furthermore the alternative treatment may have substantial cost associated with it, ultimately, the anticipated volume reduction of inappropriate admissions determines the degree of policy interest and justifiable financial investment associated with policies directed at reduction of inappropriateness. Thus, when categorizing the population of cases, the volume of inappropriate admissions and the responsiveness to policy initiatives is of interest. Making the case-by-case review process more cost-effective may require a different focus: such as focusing on high rates of inappropriate admissions. Rank ordering of categories of cases by rate of inappropriate admissions and prioritizing the review process on the basis of the rank order ensures the highest likelihood of finding an inappropriate admission for each successive case reviewed. Selecting cases for review via this process would make use of the results of this study to reduce costs. The procedure is effective regardless of the volume in the category. When cases available for review in the highest rate category have been exhausted, the review process turns to the next highest category. Thus, this chapter devotes considerable attention to categories of the population of cases that represented high estimated volumes and high rates of inappropriate admissions.

AEP Results

Of the 6,990 medical and surgical and 60 psychiatric Medicare patients, 740 constituted inappropriate admissions. An inappropriate admission is an admission in which the care received by the patient was either not needed or did not require the use of the inpatient setting. There was a clear trend among bed size classes: the larger hospitals having lower rates of inappropriate admissions. Analysis confirmed the statistical significance of the bed size class effect on the inappropriate admission rate (Wald χ^2=16.9, d.f.=2, P=0.0002).

As shown in Table 5-1, urban and rural hospitals had similar rates of inappropriate admission. Multivariate analyses used to test the effect of both bed size class and rural/urban status indicated that the rural/urban status effect was not significant and that the apparent difference resulted from the higher proportion of larger hospitals in the urban hospital class. The disaggregate χ^2 analysis showed that the rural/urban differences were not significant within any of the strata.

Teaching hospitals have a lower rate of inappropriate admissions than do nonteaching hospitals. Multivariate analysis indicates (Wald χ^2=4.3, d.f.=1, P=0.0381) that differences between teaching and nonteaching hospitals are marginally significant. The interaction term, was found to be

Table 5-1: Inappropriate admissions by hospital size

Bed size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital
Number of discharges										
(Percent)										
Total	286	(12.6)	241	(10.1)	213	(8.9)	740	(10.5)	(10.0)	(11.3)
Urban	69	(15.2)	162	(9.7)	201	(9.0)	432	(9.9)	(9.5)	(12.5)
Rural	217	(11.9)	79	(11.1)	12	(8.5)	308	(11.5)	(11.3)	(11.2)
Teaching	10	(16.7)	20	(4.5)	105	(8.0)	135	(7.4)	(7.3)	(11.5)
Nonteaching	276	(12.5)	221	(11.4)	108	(10.0)	605	(11.6)	(11.3)	(11.6)
Profit	50	(23.8)	47	(11.2)	10	(16.7)	107	(15.5)	(14.1)	(18.6)
Nonprofit	236	(11.4)	194	(9.9)	203	(8.7)	633	(10.0)	(9.6)	(10.6)
Region 1	3	(7.9)	7	(6.2)	11	(13.6)	21	(9.1)	(9.4)	(8.5)
Region 3	5	(16.7)	39	(13.0)	25	(7.6)	69	(10.5)	(10.1)	(14.4)
Region 4	48	(10.5)	40	(9.6)	60	(10.0)	148	(10.1)	(10.0)	(10.2)
Region 5	64	(14.3)	39	(11.9)	61	(9.7)	164	(11.7)	(11.0)	(12.9)
Region 6	69	(17.8)	53	(12.6)	11	(6.1)	133	(13.5)	(12.2)	(14.3)
Region 7	35	(9.4)	33	(10.0)	22	(10.5)	90	(9.9)	(10.0)	(9.8)
Region 8	17	(9.5)	2	(6.7)	6	(10.0)	25	(9.3)	(9.2)	(8.7)
Region 9	28	(15.7)	23	(5.9)	17	(5.7)	68	(7.8)	(6.9)	(11.0)
Region 10	17	(9.2)	5	(8.3)	0	(0.0)	22	(9.0)	(8.9)	(8.9)

significant, indicating differences in the size of the teaching effect among bed size classes. The disaggregate χ^2 analysis interprets the significance of the interaction term to be that the teaching effect is highly significant for medium-sized hospitals, but it is not statistically significant for the large hospitals or small hospitals. Note, that the low volume of Sample cases in the teaching hospitals within the small hospital class weakens results for this class.

For-profit hospitals have a higher rate of inappropriate admissions than nonprofit hospitals (Wald χ^2=16.8, d.f.=1, P=0.0001). The interaction term was also significant (Wald χ^2=9.4, d.f.=2, P=0.0091) implying this trend to be differentially distributed across bed size classes. Small for-profit hospitals had a highly significant profit/nonprofit effect (continuity-adjusted χ^2=25.5, d.f.=1, P=0.0001). Profit/nonprofit effect was not significant for medium-size hospitals (continuity-adjusted χ^2=.566, d.f.=1, P=0.452). For large hospitals, the profit/nonprofit effect was not significant (continuity-adjusted χ^2=3.611 d.f.=1, P=0.057).

Sample inappropriate admission rates varied from a low of 7.8 percent in Region Nine to a high of 13.5 percent in Region Six. The interaction term, region by bed size, was significant (Wald χ^2=30.3, d.f.=15, P=0.0109). The regional effect was most significant for small hospitals (χ^2=22.2, d.f.=8, P=0.005), in which inappropriate admission rates (in regions for which the

Sample included upwards of 150 cases within the bed size stratum) ranged from 9.2 percent in Region Ten to 17.8 percent in Region Six. The regional effect was also significant in medium-sized hospitals (χ^2=17.1, d.f.=8, P=0.030) where comparable rates ranged from 5.9 percent in Region Nine to 13.0 percent in Region Three.

A multiway logit analysis which considered only main effects: bed size, rural/urban status, teaching/nonteaching status, profit/nonprofit status, and region found all main effects except rural/urban status to be significant.

Additional Appropriateness Factors

As noted above, the financial effects of inappropriate admissions are significant. Thus, a detailed analysis of factors related to inappropriate admissions is warranted. This section examines factors related to inappropriate admissions.

Unless noted, analyses in this section pertain only to the adult medical/surgical case population because data collected for all adult medical/surgical cases utilized a single AEP tool. Psychiatric cases have been excluded, where appropriate, from some of these analyses, because clinical reviewers used a different AEP tool to collect data for psychiatric cases than for adult medical/surgical cases. Tables for analyses which exclude psychiatric cases show slight differences in grand totals as a result of the exclusion. The effective Sample size was reduced from 7,050 cases to 6,990 cases due to the exclusion of the psychiatric cases. Furthermore, the number of inappropriate admissions in the Sample was then reduced from 740 to 731. Estimated population of FY 1985 acute-care nonwaiver state cases excluding psychiatric cases was 8,206,000, as opposed to the (nonwaiver state) population of FY 1985 including psychiatric cases: 8,277,000.

Note that, because the appropriateness of an admission is a case characteristic and because volume of inappropriate admissions is a critical factor in this analysis, the rates and volumes discussed in this section are case-weighted. Sample volumes and rates are included in the tables for comparison.

Where analyses of the statistical significance of differences among hospital size classes for a specific subclass, such as inappropriate admissions for workup/evaluations, are indicated, the method used was χ^2 analysis employing the likelihood ratio χ^2 statistic (PROC FREQ, version 5.16 of SAS). As previously, logit and χ^2 analyses were used for multivariate testing: i.e., testing for significant differences among all admission reason categories within all hospital size classes.

Admission Source

Admission source (Table 5-2) is the party responsible for the admission referral. An analysis of inappropriate admissions by source may reveal where educational efforts and incentives may be most effective in reducing inappropriate admissions. These type of efforts are generally low cost, generally involving sharing the study results with the Utilization Review Committees of hospitals and attempting to change referral procedures and standards.

Table 5-2: Inappropriate Admissions by Admission Source
(Adult Medical/Surgical/Gynecological Patients Only)

Bed size	<100			100-299			300+			Total		
Sample Results												
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Admission Source												
Physician	192	1165	16.5	185	1163	15.9	171	1275	13.4	548	3603	15.2
Clinic	7	68	10.3	3	32	9.4	2	36	5.6	12	136	8.8
Health Maintenance Org	0	0	N.A.	0	1	0.0	1	3	33.3	1	4	25.0
Hospital	5	16	31.3	3	33	9.1	5	67	7.5	13	116	11.2
Skilled Nursing Facility	4	57	7.0	2	15	13.3	0	12	0.0	6	84	7.1
Health Care Facility	11	117	9.4	2	70	2.9	1	42	2.4	14	229	6.1
Emergency Room	60	820	7.3	43	1046	4.1	31	920	3.4	134	2786	4.8
Preferred Provider Org	0	1	0.0	0	0	N.A.	1	1	100.0	1	2	50.0
Info Not Available	1	14	7.1	0	5	0.0	1	11	9.1	2	30	6.7
Total	280	2258	12.4	238	2365	10.1	213	2367	9.0	731	6990	10.5
Population Estimates (1000s) - Case-weighted												
Admission Source												
Physician	128	779	16.5	241	1513	15.9	261	1950	13.4	631	4242	14.9
Clinic	5	45	10.3	4	42	9.4	3	55	5.6	12	142	8.2
Health Maintenance Org	0	0	N.A.	0	1	0.0	2	5	33.3	2	6	26.0
Hospital	3	11	31.3	4	43	9.1	8	102	7.5	15	156	9.5
Skilled Nursing Facility	3	38	7.0	3	20	13.3	0	18	0.0	5	76	6.9
Health Care Facility	7	78	9.4	3	91	2.9	2	64	2.4	11	234	4.9
Emergency Room	40	549	7.3	56	1360	4.1	47	1407	3.4	143	3316	4.3
Preferred Provider Org	0	1	0.0	0	0	N.A.	2	2	100.0	2	2	69.6
Info Not Available	1	9	7.1	0	7	0.0	2	17	9.1	2	33	6.7
Total	187	1510	12.4	310	3076	10.1	326	3620	9.0	823	8206	10.0

(1) Inappropriate Admissions
(2) Total Number of Admissions
(3) Percent Inappropriate

The source of Medicare admissions identified by AUTOAUDIT© revealed (Table 5-2) that 52 percent of the population of admissions came directly from physicians, 40 percent from the emergency room, three percent from intermediate care facilities (ICFs) as transfers, two percent from clinics, and two percent from other acute care hospitals with just one percent transferred into the acute setting from known skilled nursing facilities (SNFs). The source of an admission was not available or listed as a PPO or HMO in less than 0.5 percent of the cases reviewed. The highest estimated population inappropriate admission rate among these categories (14.9 percent) occurred as a result of physician admission practices. This indicates a considerable opportunity exists for further appropriateness education for physicians.

Multivariate analysis showed that the source effect was statistically significant (Wald χ^2=176.0, d.f.=8, P<=0.0001). Analysis of individual cells indicates that specifically, for small hospitals the physician referral inappropriate admission rate (χ^2=15.64, d.f.=1, P<=0.0001), the hospital referral inappropriate admission rate (χ^2=4.58, d.f.=1, P<=0.027), and the emergency room referral inappropriate admission rate (χ^2=17.09, d.f.=1, P<=0.0001) differed significantly. Furthermore, for medium-sized hospitals the physician referral inappropriate admission rate (χ^2=39.46, d.f.=1, P<=0.0001) and the emergency room referral inappropriate admission rate (χ^2=36.83, d.f.=1, P<=0.0001) differed significantly. In addition, for large hospitals the physician referral inappropriate admission rate (χ^2=27.59, d.f.=1, P<=0.0001) and the emergency room referral inappropriate admission rate (χ^2=32.40, d.f.=1, P<=0.0001) differed significantly. The physician referral was the only source category with an inappropriate admission rate above the mean inappropriate admission rate. It was the major contributor (76.7 percent) to the estimated population volume of inappropriate admissions.

The lowest rate (4.8 percent) was found in emergency room admissions. Differences among bed size classes for emergency room referral inappropriate admission rates were found to be statistically significant (χ^2=15.58, d.f.=1, P<=0.0001). Note, the emergency room is frequently blamed for not following the medical staff's established admission protocols. In facilities where emergency room physician coverage is by contract outside the established regular medical staff, there is a common assumption that staff physicians are not responsible for inappropriate emergency room admissions because they do not control the contract emergency room physicians' admission practices. Although this problem may exist, this data does not appear to justify the often heard lament, that "most inappropriate admissions come through the emergency room."

Some caution should be used in interpreting source data since this field is occasionally improperly filled out on an admission face sheet. HDI nurses validated the source listed wherever possible by reviewing the history and physical which often references the source or location of the patient prior to admission. The classification of a skilled versus intermediate nursing facility was accepted only if documented. No attempt was made by the HDI reviewers to interpret this information. If it was not documented it was recorded as unavailable. The question of whether the patient qualified for a skilled nursing facility placement was not asked. Indeed it is often difficult to tell where a patient was placed while in a nursing facility since some nursing homes have both skilled nursing facility and intermediary care facility beds. Unless the actual UB-82 Bill is available, the prior or subsequent placement designation is dependent on the medical record statements.

Admission Reason

Admission reason is a general categorization of the clinical factors leading to admission (Table 5-3). A clinical evaluation was the predominant reason listed for (77.8 percent) the Medicare admissions population (Table 3-3). Small hospitals had a higher rate of clinical evaluation admissions (87.4 percent) than did medium-sized hospitals (80.0 percent) or large hospitals (72.0 percent).

Table 5-3: Inappropriate Admissions by Admission Reason
(Adult Medical/Surgical/Gynecological Patients Only)

Bed size	<100			100-299			300+			Total		
Sample Results	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Admission Reason												
Workup/Evaluation	240	1973	12.2	169	1892	8.9	125	1704	7.3	534	5569	9.6
Therapy	7	43	16.3	7	53	13.2	7	83	8.4	21	179	11.7
Planned Procedure	25	175	14.3	57	372	15.3	78	549	14.2	160	1096	14.6
Failure Outpt. Therapy	8	67	11.9	5	48	10.4	3	31	9.7	16	146	11.0
Total	280	2258	12.4	238	2365	10.1	213	2367	9.0	731	6990	10.5
Population Estimates (1000s) - Case-weighted												
Admission Reason												
Workup/Evaluation	161	1320	12.2	220	2461	8.9	191	2606	7.3	571	6386	8.9
Therapy	5	29	16.3	9	69	13.2	11	127	8.4	24	225	10.9
Planned Procedure	17	117	14.3	74	484	15.3	119	840	14.2	210	1440	14.6
Failure Outpt. Therapy	5	45	11.9	7	62	10.4	5	47	9.7	16	155	10.6
Total	187	1510	12.4	310	3076	10.1	326	3620	9.0	823	8206	10.0

(1) Inappropriate Admissions
(2) Total Number of Admissions
(3) Percent Inappropriate

Admissions for a planned procedure represented an estimated 17.6 percent of the population of admission reasons. Admissions for planned procedures had a higher occurrence rate in large facilities (23.2 percent) than in small facilities (7.8 percent).

Admission for planned procedures was the admission reason with the highest overall estimated population inappropriate rate. The inappropriate admission rate for planned procedures appeared to be consistent for all hospital sizes (14 percent for small, 15.3 percent for medium, and 14.2 percent for large facilities). Note, these admissions should be the most controllable by precertification programs and/or increased surveillance by utilization review personnel.

Multivariate analysis showed that the admission reason effect was statistically significant (Wald χ^2=33.7, d.f.=3, P<=0.0001). Analysis of individual parameters indicates that specifically, the planned procedure inappropriate admission rate differed from other categories.

Workup/evaluation was the predominant reason category in terms of both estimated population number of cases (6,386,000) and number of inappropriate admissions (571,000). Inappropriate admission rates for workup/evaluation were higher for small hospitals (12.2 percent) than for medium (8.9 percent) and large hospitals (7.3 percent). This difference was statistically significant (likelihood ratio χ^2=25.76, P<=.0001). Differences among hospital size classes in inappropriate admissions rates for Therapy and Failure of Outpatient Therapy were not found to be statistically significant.

Admission Urgency

Most hospitals require that a description of the immediacy of the clinical condition of the patient be made at the time of admission. This is expressed as a three category scale.

- Emergency admission-cannot be delayed, such as a patient suffering a heart attack.
- Urgent admission-usually can be delayed 24 hours or more, such as a patient admitted for a complaint of infrequent, nonsevere chest pain needing testing and evaluation.
- Elective admission-patient is having a planned procedure at personal or physician convenience.

An estimated 52.5 percent (4,307,000) of the Medicare admissions population were urgent (Table 5-4), i.e., they could have safely waited several hours up to several days in accordance with the patient's clinical condition before admission. Elective admissions (25.6 percent) were the next most frequent admission type, followed by emergency admissions (20.1 percent).

Table 5-4: Inappropriate Admissions by Admission Type
(Adult Medical/Surgical/Gynecological Patients Only)

Bed size	<100			100-299			300+			Total		
Sample Results												
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Admission Type												
Emergency	22	451	4.9	10	505	2.0	8	477	1.7	40	1433	2.8
Urgent	152	1389	10.9	110	1291	8.5	74	1111	6.7	336	3791	8.9
Elective	101	379	26.6	117	547	21.4	130	759	17.1	348	1685	20.7
Info Not Available	5	39	12.8	1	22	4.5	1	20	5.0	7	81	8.6
Total	280	2258	12.4	238	2365	10.1	213	2367	9.0	731	6990	10.5
Population Estimates (1000s) - Case-weighted												
Admission Type												
Emergency	15	302	4.9	13	657	2.0	12	729	1.7	40	1688	2.4
Urgent	102	929	10.9	143	1679	8.5	113	1699	6.7	358	4307	8.3
Elective	68	254	26.6	152	711	21.4	199	1161	17.1	419	2126	19.7
Info Not Available	3	26	12.8	1	29	4.5	2	31	5.0	6	85	7.2
Total	187	1510	12.4	310	3076	10.1	326	3620	9.0	823	8206	10.0

(1) Inappropriate Admissions
(2) Admissions
(3) Percent Inappropriate

Elective admissions have the highest estimated population rate of inappropriate admissions (19.7 percent). Furthermore, this admission type had the highest estimated population volume of inappropriate admissions 419,000 (50.9 percent) despite representing only 25.6 percent of admissions. Multivariate analysis showed that the admission type effect was statistically significant (Wald χ^2=266.9, d.f.=3, P<=0.0001). Analysis of individual parameters indicates that specifically, the elective admissions inappropriate rate differed from other categories.

The inappropriate admissions rate for elective admissions was 26.6 percent at small hospitals and 17.1 percent at large hospitals, a decline from small to large hospitals. This hospital size class trend is statistically significant (likelihood ratio χ^2=14.0, P<=0.001). A similar statistically significant declining trend by hospital size class exists for emergency admissions (likelihood ratio χ^2=9.8, P<=0.007) and for urgent admissions (likelihood ratio χ^2=14.0, P<=0.001).

Service

The admission service type (Table 5-5) is the service planned at the time of admission: either performance of a medical or surgical service. The determination is made by a clinical reviewer on the basis of either service type assignment as indicated on the face sheet of the medical record or notes within the medical record when the face sheet lacks this information.

Medical service designations (Table 5-5) accounted for 81 percent of all adult medical/surgical admissions in the Sample (an estimated 78 percent of the admissions population). Medical services had a lower overall estimated population (case-weighted) inappropriate admissions rate (9.6 percent) than surgical admission (11.8 percent). This was true for medium facilities and for large facilities, but not for small facilities. However, the apparent trend reversal is not likely to be significant.

Table 5-5: Inappropriate Admissions by Service (Adult Medical Surgical Ony)

Bed size	<100			100-299			300+			Total		
Sample Results												
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Service												
Medicine	256	2042	12.5	179	1893	9.5	141	1721	8.2	576	5656	10.2
Surgery	24	216	11.1	59	472	12.5	74	646	11.5	157	1334	11.8
Total	280	2258	12.4	238	2365	10.1	215	2367	9.1	733	6990	10.5
Population Estimates (1000s) - Case-weighted												
Service												
Medicine	171	1366	12.5	233	2462	9.5	216	2632	8.2	620	6460	9.6
Surgery	16	144	11.1	77	614	12.5	113	988	11.5	206	1746	11.8
Total	187	1510	12.4	310	3076	10.1	329	3620	9.1	826	8206	10.1

(1) Inappropriate Admissions
(2) Admissions
(3) Percent Inappropriate Admissions

Differences among service categories were statistically significant (Wald χ^2=5.9, d.f.=1, P<=0.0151). Differences in inappropriate admission rates among service categories were significant for the large hospitals (likelihood ratio χ^2=5.5, P<=0.019) and for the mid-size hospitals (likelihood ratio χ^2=3.7, P<=0.055) but not for small hospitals. The decreasing inappropriate admission trend that HDI observed by hospital size within medical admissions was found to be statistically significant (likelihood ratio χ^2=21.1, P<=0.0001).

For the categories considered in this analysis, the highest rate of inappropriate admissions occurred for medical admissions in small facilities and surgical admissions in medium facilities (12.5 percent). HDI has found that the highest estimated volume of inappropriate admissions (population) occurs for the medical admissions in medium facilities (233,000).

Age/Sex and Inappropriateness

Analyses in this section are based upon the entire Sample, because age and sex data were collected for all Sample cases.

Table 5-6 reveals that females had a higher rate of admissions than males both within the Sample (54.3 percent) and population (53.8 percent). Female patients (11.2 percent) had higher estimated population rates of inappropriate admissions than males (8.7 percent). This was true across all bed size classes. For the categories considered, the highest rate of inappropriate admissions occurs for females in small facilities (13.8 percent). Multivariate analysis indicates that both the decreasing trend in inappropriate admissions by hospital size (Wald χ^2=12.3, d.f.=1, P<=0.0005) and the effect of patient sex on inappropriate admissions (Wald χ^2=14.4, d.f.=2, P<=0.0007) are statistically significant.

The highest estimated volume of inappropriate admissions (population) occurs for females in large facilities (191,000). However, the difference (5,000) between the volume of inappropriate admissions for females in large facilities is not likely significantly different from the volume of inappropriate admission for females in medium-sized facilities.

Nearly 65 percent of the estimated sample population cases were 71 years of age or above. Overall Sample inappropriate admission rates declined with increased age: from 11.7 percent in the 15 to 60 age group to 9.7 percent in the 81 and older age group. The inappropriate admission rate for the 61 to 70 group (10.7 percent) did not differ significantly from the 71 to 80 rate (10.6 percent). Considered as a group, their Sample inappropriate admission rate is 10.65 percent and their population estimated inappropriate admission rate is 10.1 percent. Within this age grouping, a trend of declining inappropriate admission rate, with increased age, is observed both for the Sample and nationally. However, even with this grouping, the trend was not found to be statistically significant. To avoid the issue of determining an appropriate grouping for age, an additional statistical model was tested which uses a nonage group and an age group: a multivariate logistic regression was used to test the significance of an age effect (adjusted for hospital size class). This analysis showed a marginally significant age effect:(Wald χ^2=3.5, d.f.=1, P<=0.0609).

Table 5-6: Inappropriate Admissions by Age Group and by Sex (Including Psychiatric Cases)

Bed size	<100			100-299			300+			Total		
Sample Results												
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Age Group												
15-60	14	90	15.6	16	169	9.5	27	230	11.7	57	489	11.7
61-70	81	547	14.8	63	636	9.9	59	713	8.3	203	1896	10.7
71-80	103	853	12.1	103	956	10.8	84	926	9.1	290	2735	10.6
81+	88	786	11.2	59	627	9.4	43	517	8.3	190	1930	9.8
Total	286	2276	12.6	241	2388	10.1	213	2386	8.9	740	7050	10.5
Sex												
Female	177	1282	13.8	143	1291	11.1	125	1228	10.2	445	3801	11.7
Male	105	979	10.7	95	1074	8.8	88	1139	7.7	288	3192	9.0
Unknown	4	15	26.7	3	23	13.0	0	19	0.0	7	57	12.3
Total	286	2276	12.6	241	2388	10.1	213	2386	8.9	740	7050	10.5
Population Estimates (1000s) - Case-weighted												
Age Group												
15-60	9	60	15.6	21	220	9.5	41	352	11.7	71	632	11.3
61-70	54	366	14.8	82	827	9.9	90	1090	8.3	226	2283	9.9
71-80	69	571	12.1	134	1243	10.8	128	1416	9.1	331	3230	10.3
81+	59	526	11.2	77	815	9.4	66	791	8.3	201	2132	9.4
Total	191	1522	12.6	313	3106	10.1	326	3649	8.9	830	8277	10.0
Sex												
Female	118	858	13.8	186	1679	11.1	191	1878	10.2	496	4415	11.2
Male	70	655	10.7	124	1397	8.8	135	1742	7.7	328	3793	8.7
Unknown	3	10	26.7	4	30	13.0	0	29	0.0	7	69	9.5
Total	191	1522	12.6	313	3106	10.1	326	3649	8.9	830	8277	10.0

(1) Inappropriate Admissions
(2) Admissions
(3) Percent Inappropriate Admissions

For the age group categories considered, the highest rate of inappropriate admissions occurred for the 15 to 60 age group in small facilities (15.6 percent). The highest estimated volume of inappropriate admissions (population) occurs for the 71 to 80 age group in medium-sized facilities (134,000). However, the difference (6,000) between the volume of inappropriate admissions for the 71 to 80 age group in large facilities is not likely significantly different from the volume of inappropriate admission for females in medium-sized facilities.

Inappropriate Admissions by Fiscal Intermediary DRG

This analysis was focused on the Fiscal Intermediary DRG as opposed to the audited DRG, because policy makers and reviewers have only this data available to them for the population of cases. Furthermore, this analysis led to significant results.

Table 5-7 shows the inappropriate admissions rate by Fiscal Intermediary DRG assignment for DRGs with at least 30 cases in the sample. DRGs with at least 30 Sample cases and a high Sample rate of inappropriate admissions (over 20 percent) are listed individually in the table. If a DRG

Table 5-7: Inappropriate Admissions by Fiscal Intermediary DRG
(FI DRGs with at Least 30 Cases in the Sample)

Bed size	<100			100-299			300+			Total		
Sample Results	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
FI DRG												
39P-Lens Procedures	4	5	80.0	25	31	80.6	36	45	80.0	65	81	80.2
68M-Otitis Media*	6	29	20.7	2	7	28.6	2	6	33.3	10	42	23.8
82M-Respiratory Neoplas	4	14	28.6	4	24	16.7	6	32	18.8	14	70	20.0
183M-Esophagitis,Gastro	4	10	40.0	6	12	50.0	0	11	0.0	10	33	30.3
239M-Pathological Fx*	5	8	62.5	5	21	23.8	5	16	31.3	15	45	33.3
243M-Medical Back Probs	21	43	48.8	6	30	20.0	7	40	17.5	34	113	30.1
294M-Diabetes Age >36	18	55	32.7	7	43	16.3	2	23	8.7	27	121	22.3
Other	124	1550	8.0	91	1492	6.1	65	1373	4.7	280	4415	6.3
Total	186	1714	10.9	146	1660	8.8	123	1546	8.0	455	4920	9.2
Population Estimates (1000s) - Case-weighted												
FI DRG												
39P-Lens Procedures	3	3	80.0	33	40	80.6	55	69	80.0	90	112	80.2
68M-Otitis Media*	4	19	20.7	3	9	28.6	3	9	33.3	10	38	25.7
82M-Respiratory Neoplas	3	9	28.6	5	31	16.7	9	49	18.8	17	90	19.1
183M-Esoph,Gastro**	3	7	40.0	8	16	50.0	0	17	0.0	10	39	26.8
239M-Pathological Fx***	3	5	62.5	7	27	23.8	8	24	31.3	17	57	30.6
243M-Medical Back Probs	14	29	48.8	8	39	20.0	11	61	17.5	33	129	25.2
294M-Diabetes Age >36	12	37	32.7	9	56	16.3	3	35	8.7	24	128	18.9
Other	83	1037	8.0	118	1941	6.1	99	2100	4.7	301	5077	5.9
Total	124	1147	10.9	190	2159	8.8	188	2364	8.0	502	5670	8.9

(1) Inappropriate Admissions
(2) Admissions
(3) Percent Inappropriate Admissions

*68M-Otitis Media and URI, Age > 69 and/or C.C.
**183M-Esophagitis,Gastroenteritis, and miscellaneous digestive disorders Age 18-69 w/o C.C.
***239M-Pathological Fractures and Musculoskeletal and Connective tissue malignancy.

had at least 30 cases, but had an overall Sample inappropriate admission rate of less than 20 percent, then it was included in the "other" category. Note, the cutoff point, 20 percent, was approximately twice the average Sample rate (10.5 percent).

Lens Procedures had the highest Sample and case-weighted population average rate of inappropriate admissions (80.2 percent), far higher than any other DRG. Estimated population case volumes for this DRG were concentrated among the large (an estimated 55,000 inappropriate admissions) and medium-sized hospitals (an estimated 33,000 inappropriate admissions). Other Fiscal Intermediary DRGs with high estimated population rates of inappropriate admissions include: Pathological Fractures (30.6 percent), Esophagitis, Gastroenteritis and miscellaneous digestive disorders (26.8 percent), Otitis Media and URI (25.7 percent), Medical Back Problems (25.2 percent), Respiratory Neoplasms (19.1 percent), and Diabetes (18.9 percent). Estimated National inappropriate admissions rates for Medical Back Problems and for Diabetes appeared to be significantly higher in small facilities. In terms of estimated case volume of inappropriate admissions the important Fiscal Intermediary DRGs included: Lens Procedures (90,000), Medical Back Problems (33,000), Diabetes (24,000), Respiratory Neoplasms (17,000), Pathological Fractures (17,000), Otitis Media and URI (10,000) and Esophagitis, Gastroenteritis and miscellaneous digestive disorders (10,000).

Inappropriate Admissions by Major Diagnostic Category

Table 5-8 shows inappropriate admissions by Major Diagnostic Category (MDC). The MDC with the highest rate (over 70 percent in the Sample and as estimated in the population) of inappropriate admissions was Diseases and Disorders of the Eye (MDC 2). Clearly Lens Procedures were a major contributor to this MDCs inappropriate admissions. Other MDCs with high estimated population inappropriate admission rates include Other Health Factors (MDC 23, 37.3 percent), Ear, Nose and Throat (MDC 3, 22.4 percent), Alcohol and Drugs (MDC 20, 18.6 percent) Mental Diseases (MDC 19, 16.0 percent), and Musculoskeletal (MDC 8, 15.4 percent). MDCs 3, 19, and 8 have higher rates of inappropriate admissions among small hospitals.

Note, MDC 8 includes DRGs with high inappropriate rates: Medical Back Problems (30.1 percent inappropriate admissions) and Pathological Fractures (22.3 percent), which far exceeded the overall MDC rate of 16.5 percent. Thus, it is the specific DRGs, not the MDC 8, which is of interest in identifying the subpopulation with high inappropriate admission rate. Otitis Media and URI, with an inappropriate admission rate of 23.8 percent, seemed to be an unexceptional DRG for MDC 3 (23.9 percent inappropriate admissions). Thus, the entire MDC 3 is of interest, not merely the identified DRGs, representing a subpopulation with a high rate of inappropriate admission.

The estimated population inappropriate admission volume was concentrated in Digestive System (MDC 6, 122,000), Musculoskeletal (MDC 8, 115,000), Diseases and Disorders of the Eye (MDC 2, 102,000) and Diseases and Disorders of the Respiratory System (MDC 4, 87,000). Together these four MDCs comprised over 51 percent of the estimated population inappropriate admissions.

Table 5-8: Inappropriate Admissions by Fiscal Intermediary MDC

Bed size	<100			100-299			300+			Total		
Sample Results	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
FI MDC												
1-Nervous System	18	180	10.0	14	181	7.7	12	204	5.9	44	565	7.8
2-Eye	4	8	50.0	28	37	75.7	41	59	69.5	73	104	70.2
3-Ear, Nose, and Throat	18	62	29.0	12	54	22.2	7	39	17.9	37	155	23.9
4-Respiratory System	34	413	8.2	19	332	5.7	26	307	8.5	79	1052	7.5
5-Circulatory System	28	512	5.5	13	570	2.3	11	561	2.0	52	1643	3.2
6-Digestive System	35	288	12.2	44	304	14.5	27	291	9.3	106	883	12.0
7-Liver, G.B.,PA	5	59	8.5	4	70	5.7	9	65	13.8	18	194	9.3
8-Musculoskeletal	47	193	24.4	30	207	14.5	29	227	12.8	106	627	16.9
9-Skin, Subcu, breast	11	71	15.5	7	62	11.3	7	48	14.6	25	181	13.8
10-Endocrine, Nutritional	23	147	15.6	13	124	10.5	3	77	3.9	39	348	11.2
11-Kidney & Urinary tract	11	98	11.2	14	120	11.7	10	114	8.8	35	332	10.5
12-Male Reproduc. Sys	1	38	2.6	7	68	10.3	5	88	5.7	13	194	6.7
13-Female Reproduc. Sys	4	20	20.0	1	28	3.6	5	34	14.7	10	82	12.2
14-Pregnancy, Childbirth	0	1	0.0	0	0	N.A.	0	0	N.A.	0	1	0.0
15-Newborns	0	0	N.A.	0	0	N.A.	0	0	N.A.	0	0	N.A.
16-Blood, Hematopoietic	4	19	21.1	4	38	10.5	2	31	6.5	10	88	11.4
17-Myeloproliferative	1	5	20.0	8	39	20.5	6	76	7.9	15	120	12.5
18-Infecs & Parasitic	4	39	10.3	3	23	13.0	2	46	4.3	9	108	8.3
19-Mental Diseases	18	42	42.9	4	37	10.8	2	33	6.1	24	112	21.4
20-Alchohol & Drugs	5	23	21.7	1	7	14.3	2	11	18.2	8	41	19.5
21-Injuries, Poisoning	4	28	14.3	0	31	0.0	0	22	0.0	4	81	4.9
22-Burns	0	1	0.0	1	2	50.0	0	2	0.0	1	5	20.0
23-Health Factors	8	18	44.4	13	25	52.0	6	26	23.1	27	69	39.1
24-Ungroupable	3	11	27.3	1	29	3.4	1	25	4.0	5	65	7.7
Total	286	2276	12.6	241	2388	10.1	213	2386	8.9	740	7050	10.5
Population Estimates (1000s) - Case-weighted												
FI MDC												
1-Nervous System	12	120	10.0	18	235	7.7	18	312	5.9	49	668	7.3
2-Eye	3	5	50.0	36	48	75.7	63	90	69.5	102	144	70.8
3-Ear, Nose, and Throat	12	41	29.0	16	70	22.2	11	60	17.9	38	171	22.4
4-Respiratory System	23	276	8.2	25	432	5.7	40	469	8.5	87	1178	7.4
5-Circulatory System	19	342	5.5	17	741	2.3	17	858	2.0	52	1942	2.7
6-Digestive System	23	193	12.2	57	395	14.5	41	445	9.3	122	1033	11.8
7-Liver, G.B.,PA	3	39	8.5	5	91	5.7	14	99	13.8	22	230	9.7
8-Musculoskeletal	31	129	24.4	39	269	14.5	44	347	12.8	115	745	15.4
9-Skin, Subcu, breast	7	47	15.5	9	81	11.3	11	73	14.6	27	202	13.5
10-Endocrine, Nutritional	15	98	15.6	17	161	10.5	5	118	3.9	37	377	9.8
11-Kidney & Urinary tract	7	66	11.2	18	156	11.7	15	174	8.8	41	396	10.3
12-Male Reproduc. Sys	1	25	2.6	9	88	10.3	8	135	5.7	17	248	7.0
13-Female Reproduc. Sys	3	13	20.0	1	36	3.6	8	52	14.7	12	102	11.4
14-Pregnancy, Childbirth	0	1	0.0	0	0	N.A.	0	0	N.A.	0	1	0.0
15-Newborns	0	0	N.A.	0	0	N.A.	0	0	N.A.	0	0	N.A.
16-Blood, Hematopoietic	3	13	21.1	5	49	10.5	3	47	6.5	11	110	10.0
17-Myeloproliferative	1	3	20.0	10	51	20.5	9	116	7.9	20	170	11.9
18-Infecs & Parasitic	3	26	10.3	4	30	13.0	3	70	4.3	10	126	7.6
19-Mental Diseases	12	28	42.9	5	48	10.8	3	50	6.1	20	127	16.0
20-Alchohol & Drugs	3	15	21.7	1	9	14.3	3	17	18.2	8	41	18.6
21-Injuries, Poisoning	3	19	14.3	0	40	0.0	0	34	0.0	3	93	2.9
22-Burns	0	1	0.0	1	3	50.0	0	3	0.0	1	6	20.6
23-Health Factors	5	12	44.4	17	33	52.0	9	40	23.1	31	84	37.3
24-Ungroupable	2	7	27.3	1	38	3.4	2	38	4.0	5	83	5.8
Total	191	1522	12.6	313	3106	10.1	326	3649	8.9	830	8277	10.0

(1) Inappropriate Admissions
(2) Admissions
(3) Percent Inappropriate Admissions

For MDC 6, the highest rate of inappropriate admissions was at medium-sized facilities (14.5 percent). For MDC 8, the highest rate (24.4 percent) was at small facilities. However, the inappropriate admission volume concentration for these MDCs was found in large facilities.

Inappropriate Admissions by Principal Procedure

The 2,612 cases in the Sample with Principal Procedures were extrapolated to 3,371,000 (40.7 percent) cases in the population and 469,000 (56.5 percent) inappropriate admissions. Table 5-9 shows the inappropriate admissions rate by Principal Procedure for those with at least 30 cases in the sample. These selected Principal Procedures represent 29.0 percent of the cases with Principal Procedures in the population and 30.0 percent of the inappropriate admissions with Principal Procedures. Thus, the procedures in this group are representative of the inappropriate admission rates for all cases with Principal Procedures.

The Principal Procedure with the highest Sample (84.7 percent) and estimated population average (83.9 percent) inappropriate admissions rate was Lens Extraction. Other Principal Procedures with high estimated population inappropriate admissions rates include: Other Endoscopy of Large Intestine (23.4 percent), Bone Marrow Biopsy (21.4 percent), Endoscopic Bronchial Biopsy (19.8 percent) and Other Cytoscopy (18.2 percent). Estimated population inappropriate admission volumes are concentrated among Lens Extractions (68,000) which comprise over 48 percent of the inappropriate admissions among the procedures listed in Table 5-9.

Uniquely Met Criteria

A case with a uniquely met criterion is a case deemed to be appropriate based upon a single AEP criterion. These cases are of potential interest because the simplicity of their clinical requirements may make them more readily accessible to alternative (and perhaps less expensive) treatment; i.e., they are potentially inappropriate admissions.

Thirty-five percent (2,445) of all of the adult medical/surgical cases in the Sample met only one objective clinical criteria which made their admission appropriate (Table 5-10). Nationally these cases were estimated to be 34.4 percent (2,870,000) of the population of FY 1985 cases. There is a statistically significant (likelihood ratio χ^2=12.4, P<=.002) declining trend in the percent of these cases, by bed size class, from a high of 37.9 percent among small facilities to a low of 33.2 percent among large facilities. However, the population estimated volume of these cases is concentrated among larger facilities. Large facilities have 41.9 percent (1,203,000) of the volume of cases as compared to 19.9 percent (572,000) among small facilities.

The predominant uniquely met criterion (57.6 percent of the uniquely met criteria cases in the population) was intravenous (IV) therapy. This was true across bed sizes, although there is a statistically significant (likelihood ratio χ^2=26.3, P<=.0001) declining trend in the *dominance* of IV therapy by hospital size class: small facilities: 64.2 percent, medium facilities: 55.8 percent, large facilities: 52.1 percent. Furthermore, there is a statistically significant (likelihood ratio χ^2=37.6, P<=.0001) declining trend in the *rate* of IV therapy unique criteria cases among the hospital size classes.

Table 5-9: Inappropriate Admissions by Principal Procedure
(Procedures with at Least 30 Cases in the Sample)

Bed size	<100			100-299			300+			Total		
Sample Results	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Principal Procedure												
Lens Extraction 13.59	4	4	100.0	22	25	88.0	24	30	80.0	50	59	84.7
Endo. Bronch. Bx 33.24	1	3	33.3	3	14	21.4	4	22	18.2	8	39	20.5
Thoracentesis 34.91	1	7	14.3	0	12	0.0	0	17	0.0	1	36	2.8
Cardiac Cath 37.23	0	1	0.0	0	2	0.0	0	31	0.0	0	34	0.0
Bone Marrow Bx 41.31	1	5	20.0	3	17	17.6	4	16	25.0	8	38	21.1
Other Endo Sm.In. 45.13	0	12	0.0	3	28	10.7	3	21	14.3	6	61	9.8
Other Endo. Lg.In 45.24	5	21	23.8	6	27	22.2	4	16	25.0	15	64	23.4
Total Cholecys 51.22	0	16	0.0	0	31	0.0	0	20	0.0	0	67	0.0
Other Cystoscopy 57.32	2	7	28.6	2	10	20.0	5	30	16.7	9	47	19.1
Other TU Exc.* 57.49	0	1	0.0	1	10	10.0	1	23	4.3	2	34	5.9
TURP** 60.2	0	20	0.0	2	50	4.0	0	59	0.0	2	129	1.6
ORIF Fx Femur*** 79.35	0	19	0.0	0	31	0.0	0	20	0.0	0	70	0.0
Chemotherapy 99.25	0	3	0.0	3	21	14.3	3	47	6.4	6	71	8.5
Total	14	119	11.8	45	278	16.2	48	352	13.6	107	749	14.3
Population Estimates (1000s) - Case-weighted												
Principal Procedure												
Lens Extraction 13.59	3	3	100.0	29	33	88.0	37	46	80.0	68	81	83.9
Endo. Bronch. Bx 33.24	1	2	33.3	4	18	21.4	6	34	18.2	11	54	19.8
Thoracentesis 34.91	1	5	14.3	0	16	0.0	0	26	0.0	1	46	1.4
Cardiac Cath 37.23	0	1	0.0	0	3	0.0	0	47	0.0	0	51	0.0
Bone Marrow Bx 41.31	1	3	20.0	4	22	17.6	6	24	25.0	11	50	21.4
Other Endo Sm.In. 45.13	0	8	0.0	4	36	10.7	5	32	14.3	8	77	11.1
Other Endo. Lg In 45.24	3	14	23.8	8	35	22.2	6	24	25.0	17	74	23.4
Total Cholecys 51.22	0	11	0.0	0	40	0.0	0	31	0.0	0	82	0.0
Other Cystoscopy 57.32	1	5	28.6	3	13	20.0	8	46	16.7	12	64	18.2
Other TU Exc.* 57.49	0	1	0.0	1	13	10.0	2	35	4.3	3	49	5.8
TURP** 60.2	0	13	0.0	3	65	4.0	0	90	0.0	3	169	1.5
ORIF Fx Femur*** 79.35	0	13	0.0	0	40	0.0	0	31	0.0	0	84	0.0
Chemotherapy 99.25	0	2	0.0	4	27	14.3	5	72	6.4	8	101	8.4
Total	9	80	11.8	59	362	16.2	73	538	13.6	141	979	14.4

* Other transurethral excision or destruction of lesion or tissue of bladder.
** Transurethral prostatectomy.
*** Open reduction of femur with internal fixation.

(1) Inappropriate Admissions
(2) Admissions
(3) Percent Inappropriate

Table 5-10: Appropriate Admissions for which the Appropriateness Determination was Based on a Single Criterion
(Adult Medical/Surgical Patients Only)

Bed size	<100			100-299			300+			Total		
Sample Results	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
IV	549	64.2	24.3	448	55.8	18.9	410	52.1	17.3	1407	57.5	20.1
Vital Sign Monitor(2 hr)	83	9.7	3.7	68	8.5	2.9	60	7.6	2.5	211	8.6	3.0
Entr. into Body Cavity	45	5.3	2.0	65	8.1	2.7	98	12.5	4.1	208	8.5	3.0
Surgical Proc.(24 hrs)	20	2.3	0.9	43	5.4	1.8	57	7.2	2.4	120	4.9	1.7
Respirator(8 hr)	42	4.9	1.9	28	3.5	1.2	25	3.2	1.1	95	3.9	1.4
Anesthesia Time(90+)	13	1.5	0.6	38	4.7	1.6	33	4.2	1.4	84	3.4	1.2
Body Part Immobile	21	2.5	0.9	41	5.1	1.7	17	2.2	0.7	79	3.2	1.1
Coma	24	2.8	1.1	18	2.2	0.8	15	1.9	0.6	57	2.3	0.8
Other	58	6.8	2.6	54	6.7	2.3	72	9.1	3.0	184	7.5	2.6
Unique Criterion Cases - Total	855	100.0	37.9	803	100.0	34.0	787	100.0	33.2	2445	100.0	35.0
All Cases - Total	2258	N.A.	100.0	2365	N.A.	100.0	2367	N.A.	100.0	6990	N.A.	100.0
Population Estimates (1000s) - Case-weighted												
IV	367	64.2	24.3	583	55.8	18.9	627	52.1	17.3	1652	57.5	20.1
Vital Sign Monitor(2 hr)	56	9.7	3.7	88	8.5	2.9	92	7.6	2.5	248	8.6	3.0
Entr. into Body Cavity	30	5.3	2.0	85	8.1	2.7	150	12.5	4.1	244	8.5	3.0
Surgical Proc.(24 hrs)	13	2.3	0.9	56	5.4	1.8	87	7.2	2.4	141	4.9	1.7
Respirator(8 hr)	28	4.9	1.9	36	3.5	1.2	38	3.2	1.1	112	3.9	1.4
Anesthesia Time(90+)	9	1.5	0.6	49	4.7	1.6	50	4.2	1.4	99	3.4	1.2
Body Part Immobile	14	2.5	0.9	53	5.1	1.7	26	2.2	0.7	93	3.2	1.1
Coma	16	2.8	1.1	23	2.2	0.8	23	1.9	0.6	67	2.3	0.8
Other	39	6.8	2.6	70	6.7	2.3	110	9.1	3.0	216	7.5	2.6
Unique Criterion Cases - Total	572	100.0	37.9	1044	100.0	34.0	1203	100.0	33.2	2870	100.0	35.0
All Cases - Total	1510			3076			3620			8206		

(1) Appropriate Admissions
(2) Percent of Unique Criterion Cases
(3) Percent of All Cases

Note that, while HDI instructed the nurse reviewers to deny slow drip (KVO) maintenance IVs, they were not asked to carefully monitor whether these IVs could be safely provided in an outpatient environment. While some IVs require acute care supervision, many are safely provided in the home or outpatient setting.

Inappropriate Admissions by Patient Disposition

Patient disposition (Table 5-11) is the care level received by the patient after being discharged from the hospital. Because this study evaluated the appropriateness of the entire admission, (not just the admission day as is more typical in Appropriateness Evaluation Studies) it is reasonable to consider where the patient was discharged as a likely indicator of the appropriate care setting. It is expected that inappropriate admissions should have lower severities, hence these cases should have a higher likelihood of being discharged to low care level settings.

Note, home/self means that the patient was discharged under his/her own care to his/her home, clearly a low level of care. Home/self was the predominant patient disposition category (an estimated 73 percent of the admissions population). In addition, as expected, this category represented an even higher percentage of the inappropriate admissions: an estimated 86 percent of all inappropriate admissions in the population. It had the highest estimated overall population rate of inappropriate admissions (11.8 percent). Multivariate logit analysis indicated that the disposition effect was significant (Wald χ^2=70.0, d.f.=8, P<=0.0001). Analysis of individual parameters indicates that specifically, the home/self disposition inappropriate admissions rate differed from other categories. The apparent decline in the inappropriate admission rate by bed size class for the home/self disposition category of cases was found to be statistically significant (likelihood ratio χ^2=15.0, P<=.001).

Table 5-11: Inappropriate Admissions by Patient Disposition
(Including Psychiatric Cases)

Bed size	<100			100-299			300+			Total		
Sample Results	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Disposition												
Home/Self	225	1502	15.0	206	1740	11.8	194	1834	10.6	625	5076	12.3
Short-Term Hospital	5	88	5.7	2	50	4.0	1	20	5.0	8	158	5.1
Skilled Nursing Facil	4	47	8.5	2	41	4.9	2	43	4.7	8	131	6.1
Intermed Care Facil	23	296	7.8	17	238	7.1	5	136	3.7	45	670	6.7
Another Institution	3	50	6.0	0	32	0.0	2	37	5.4	5	119	4.2
Home Health Services	14	124	11.3	10	125	8.0	6	141	4.3	30	390	7.7
Left Against Advice	3	10	30.0	0	12	0.0	0	6	0.0	3	28	10.7
Expired	6	127	4.7	4	148	1.0	3	167	1.8	13	442	2.9
Swing Bed	3	32	9.4	0	2	0.0	0	2	0.0	3	36	8.3
Total	286	2276	12.6	241	2388	10.1	213	2386	8.9	740	7050	10.5
Population Estimates (1000s) - Case-weighted												
Disposition												
Home/Self	151	1005	15.0	268	2263	11.8	297	2805	10.6	715	6072	11.8
Short-Term Hospital	3	59	5.7	3	65	4.0	2	31	5.0	7	154	4.8
Skilled Nursing Facil	3	31	8.5	3	53	4.9	3	66	4.7	8	151	5.5
Intermed Care Facil	15	198	7.8	22	310	7.1	8	208	3.7	45	716	6.3
Another Institution	2	33	6.0	0	42	0.0	3	57	5.4	5	132	3.8
Home Health Services	9	83	11.3	13	163	8.0	9	216	4.3	32	461	6.8
Left Against Advice	2	7	30.0	0	16	0.0	0	9	0.0	2	31	6.4
Expired	4	85	4.7	5	192	2.7	5	255	1.8	14	533	2.6
Swing Bed	2	21	9.4	0	3	0.0	0	3	0.0	2	27	7.4
Total	191	1522	12.6	313	3106	10.1	326	3649	8.9	830	8277	10.0

(1) Inappropriate Admissions
(2) Admissions
(3) Percent Inappropriate

Reasons for Inappropriate Admissions

When an admission is deemed inappropriate, the clinical reviewers also make a determination as to the appropriate care setting. This alternative setting is called the reason for the inappropriate admission, i.e., the admission was inappropriate because the outpatient setting would have been adequate.

The predominant appropriate setting for inappropriate admissions was the outpatient setting: 88.7 percent of the adult medical/surgical inappropriate admissions in the population (Table 5-12). This was true across bed sizes. The apparent increasing trend in the dominance of the appropriateness of the outpatient alternative for inappropriate admissions by bed size class: small facilities: 85.4 percent, medium facilities: 88.7 percent, large facilities: 90.6 percent was not found to be

Table 5-12: Reasons for Inappropriate Admissions
(Adult Medical/Surgical Patients Only)

Bed size	<100			100-299			300+			Total	Weighting: Sample		Case	
Sample Results														
Care more Appropriately provided at:														
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(2)	(3)
Outpatient	239	85.4	10.6	211	88.7	8.9	193	90.6	8.2	643	88.0	9.2	88.7	8.9
Skilled Nursing Facility	10	3.6	0.4	1	0.4	0.0	4	1.9	0.2	15	2.1	0.2	1.7	0.2
Nonskilled Nurs. Fac.	25	8.9	1.1	16	6.7	0.7	3	1.4	0.1	44	6.0	0.6	5.1	0.5
Chronic Care Inst.	2	0.7	0.1	1	0.4	0.0	0	0.0	0.0	3	0.4	0.0	0.3	0.0
Another Inst - Non-Acute	2	0.7	0.1	1	0.4	0.0	2	0.9	0.1	5	0.7	0.1	0.7	0.1
Other	2	0.7	0.1	8	3.4	0.3	11	5.2	0.5	21	2.9	0.3	3.5	0.3
Inappropriate Admissions														
Total	280	100.0	12.4	238	100.0	10.1	213	100.0	8.998	731	100.0	10.5	100.0	10.0
All Cases - Total	2258	N.A.	100.0	2365	N.A.	100.0	2367	N.A.	100.0	6990	N.A.	100.0	N.A.	100.0
Population Estimates (1000s) - Case-weighted														
	(1)			(1)			(1)			(1)				
Outpatient	160			274			295			729				
Skilled Nursing Facility	7			1			6			14				
Non-skilled Nurs. Fac.	17			21			5			42				
Chronic Care Inst.	1			1			0			3				
Another Inst - Non-Acute	1			1			3			6				
Other	1			10			17			29				
Inappropriate Admissions														
Total	187			310			326			823				
All Cases - Total	1510			3076			3620			8206				

(1) Inappropriate Admissions
(2) Percent of Inappropriate Admissions
(3) Percent of All Cases

statistically significant. Furthermore, as a percentage of all adult medical/surgical cases within a class, the trend is declining because the percentage of inappropriate admissions declines by bed size class. The percentage of adult medical/surgical cases which were appropriate for the outpatient setting declined from a high of 10.6 percent among small facilities to a low of 8.2 percent among large facilities. This trend is statistically significant (likelihood ratio χ^2=8.6, P<=.011). However, the population estimated volume of these inappropriate admissions is concentrated among larger facilities: large facilities have 39.1 percent (295,000) of the volume of cases as compared to 21.2 percent (160,000) among small facilities.

Day Before Discharge

When the admission was appropriate and the length of stay was greater than two days, the nurse reviewers reviewed the day before discharge for appropriateness of the hospital setting. A finding that the day before discharge was not appropriate for the patient's condition indicates that, from the perspective of medical necessity, the patient could have been discharged earlier. The Sample reviewed 5,756 days, and 1,955 (34 percent) were found to be inappropriate (Table 5-13).

Table 5-13: Inappropriate day before discharge by hospital size

(Adult Medical/Surgical Patients Only)

Bed size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital
Number of discharges										
(Percent)										
Total	606	(33.3)	677	(34.4)	672	(34.1)	1955	(34.0)	(34.1)	(37.4)
Days Reviewed	1820		1966		1970		5756			
Urban	126	(36.0)	493	(35.3)	626	(33.8)	1245	(34.5)	(34.5)	(39.0)
Rural	480	(32.7)	184	(32.3)	46	(39.7)	710	(32.9)	(33.2)	(37.2)
Teaching	17	(37.0)	111	(28.0)	336	(30.5)	464	(30.1)	(30.0)	(36.5)
Nonteaching	589	(32.4)	566	(36.1)	336	(38.7)	1491	(35.4)	(36.1)	(38.7)
Profit	64	(42.0)	113	(34.1)	19	(40.4)	196	(36.8)	(36.1)	(46.4)
Nonprofit	542	(32.5)	564	(34.5)	653	(34.0)	1759	(33.7)	(33.9)	(36.5)
Region 1	14	(45.2)	45	(45.5)	22	(32.4)	81	(40.9)	(40.1)	(43.9)
Region 3	0	(0.0)	124	(50.6)	75	(26.7)	199	(36.2)	(36.1)	(27.6)
Region 4	127	(33.1)	107	(30.4)	158	(32.0)	392	(31.9)	(31.7)	(35.7)
Region 5	112	(31.8)	90	(34.6)	205	(40.3)	407	(36.3)	(37.4)	(38.3)
Region 6	107	(35.6)	110	(33.3)	58	(38.4)	275	(35.2)	(35.2)	(40.8)
Region 7	98	(32.2)	93	(34.1)	72	(41.6)	263	(35.1)	(36.0)	(36.4)
Region 8	53	(37.1)	4	(15.4)	22	(47.8)	79	(36.7)	(37.2)	(34.3)
Region 9	48	(36.1)	91	(27.3)	60	(24.2)	199	(27.9)	(26.9)	(35.0)
Region 10	47	(32.0)	13	(27.1)	0	(0.0)	60	(30.8)	(30.1)	(30.7)

Hospital size showed no strong trend as all strata had similar inappropriate day-before-discharge rates. Similarly, location and region did not exert obvious effects. The rate appears to be slightly higher in nonteaching hospitals and for-profit hospitals, but statistical testing does not confirm this impression.

Bivariate logit analyses indicated that differences in rates among bed size, rural/urban, teaching/nonteaching, and profit/nonprofit classes were not statistically significant.

However, statistical procedures suggest region to be marginally significant (Wald χ^2=17.0, d.f.=8, P=0.0309) and the interaction term "region by bed size" was significant (Wald statistic χ^2=60.5, d.f.=15, P=0.0001). Rates by region were most significant for medium-sized hospitals. It was also highly significant for large hospitals, but not for small hospitals. For regions with at least 150 sampled cases in medium-sized hospitals, inappropriate day before discharge rates ranged from 27.3 percent (Region Nine) to 50.6 percent (Region Three). For regions with at least 150 cases sampled from large hospitals, inappropriate day before discharge rates ranged from 24.2 percent (Region Nine) to 41.6 percent (Region Seven).

However, a multiway logit analysis which considered only main effects: bed size, rural/urban status, teaching/nonteaching status, profit/nonprofit status, and region found that all main effects except bed size and profit status were found to be significant.

Inappropriate Day Before Discharge by Patient Disposition

The majority (73.4 percent) of all Medicare patients are discharged to their homes. This was true across all hospital size classes, although there was a statistically significant (likelihood ratio χ^2=69.2, P<=.0001) decreasing trend in the dominance by bed size class (Table 3-5).

Hospital to hospital transfers occur more often in small facilities (3.9 percent) compared to large hospitals (0.8 percent) as would be expected. This trend is statistically significant (likelihood ratio χ^2=50.9, P<=.0001). Note, smaller hospitals often require the service of larger specialty units such as cardiac ICUs found in the larger teaching facilities.

Overall 5.6 percent of all Medicare patients in the Population were discharged to the care of home health agencies.

Swing bed use was identified (1.4 percent) in small hospitals and only 0.1 percent in medium and large facilities. This difference was found to be statistically significant (likelihood ratio χ^2=50.6, P<=.0001).

The highest estimated population rate of inappropriate days before discharge (Table 5-14) were in cases awaiting placement in skilled nursing facilities (55.7 percent). Other major disposition categories (categories with more than 50 cases in the sample) with higher than average estimate population rates of inappropriate days before discharge include: Home Health Services (46.9 percent), and intermediate care facilities (44.3 percent). Differences among categories were found to be statistically significant (Wald χ^2=153.9). Each of the categories was found to have

a statistically significant difference from the mean rate with the exception of "Another Institution." Differences among hospital size classes within patient disposition categories were not statistically significant.

The high overall inappropriate day before discharge rates indicate a strong need for more aggressive discharge planning approaches. Aside from who saves the cost difference resulting in more appropriate discharge practices, the patient will benefit from the most appropriate location for his or her clinical needs.

Table 5-14: Inappropriate Days Before Discharge by Patient Disposition (Adult Medical /Surgical Patients Only)

Bed size	<100			100-299			300+			Total		
Sample Results												
Disposition	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Home/Self	394	1188	33.2	481	1405	34.2	511	1493	34.2	1386	4086	33.9
Short-Term Hospital	6	58	10.3	7	44	15.9	3	18	16.7	16	120	13.3
Skilled Nursing Facil	23	43	53.5	22	38	57.9	22	40	55.0	67	121	55.4
Intermed Care Facil	105	261	40.2	96	218	44.0	62	128	48.4	263	607	43.3
Another Institution	7	37	18.9	12	31	38.7	13	31	41.9	32	99	32.3
Home Health Services	51	107	47.7	55	112	49.1	58	129	45.0	164	348	47.1
Left Against Advice	3	3	100.0	2	9	22.2	2	5	40.0	7	17	41.2
Expired	4	95	4.2	1	108	1.0	1	126	0.8	6	329	1.8
Swing Bed	13	28	46.4	1	1	100.0	0	0	N.A.	14	29	48.3
Total	606	1820	33.3	677	1966	34.4	672	1970	34.1	1955	5756	34.0
Population Estimates (1000s) - Case-weighted												
Disposition												
Home/Self	264	795	33.2	626	1827	34.2	781	2283	34.2	1671	4905	34.1
Short-Term Hospital	4	39	10.3	9	57	15.9	5	28	16.7	18	124	14.3
Skilled Nursing Facil	15	29	53.5	29	49	57.9	34	61	55.0	78	139	55.7
Intermed Care Facil	70	175	40.2	125	284	44.0	95	196	48.4	290	654	44.3
Another Institution	5	25	18.9	16	40	38.7	20	47	41.9	40	112	35.7
Home Health Services	34	72	47.7	72	146	49.1	89	197	45.0	194	415	46.9
Left Against Advice	2	2	100.0	3	12	22.2	3	8	40.0	8	21	35.9
Expired	3	64	4.2	1	140	0.9	2	193	0.8	6	397	1.4
Swing Bed	9	19	46.4	1	1	100.0	0	0	N.A.	10	20	49.9
Total	405	1217	33.3	881	2557	34.4	1028	3013	34.1	2314	6787	34.1

(1) Inappropriate Days Before Discharge
(2) Days Before Discharge
(3) Percent Inappropriate

Reasons and Responsibilities

When HDI analyzed the day before discharge and found it to be inappropriate, the clinical reviewers made determinations (Table 5-15) as to the appropriate alternative setting when further acute hospitalization was not required or made determinations as to the reasons for the delay in receipt of appropriate services when further acute hospitalization was required. For purposes of this analysis, these determinations were termed reasons for inappropriate day before discharge. Furthermore, the reviewers made determinations as to the primary responsibility for the inappropriate day before discharge (Table 5-16).

For all but seven (0.4 percent) of the Sample cases, when the day before discharge was inappropriate, the patient did not need continued hospitalization. In an estimated 76.4 percent of the cases in the population, when the admission was appropriate and the day before discharge was inappropriate, the appropriate setting was outpatient care. Other major categories of appropriate settings for inappropriate days before discharge included: Nonskilled nursing homes (15.5 percent) and skilled nursing homes (5.1 percent). These categories together account for 97 percent

Table 5-15: Inappropriate Days Before Discharge By Reason (Adult Medical/Surgical Patients Only)

Bed size	<100		100-299		300+		Total	
Number	(Percent of Inappropriate Admissions)							
Sample Results								
Outpatient	441	(72.8)	514	(75.9)	525	(54.0)	1480	
Skilled Nursing Facility	36	(5.9)	33	(4.9)	34	(3.5)	103	
Non-skilled Nurs. Fac.	117	(19.3)	108	(16.0)	391	(40.2)	616	
Chronic Care Inst.	3	(0.5)	5	(0.7)	2	(0.2)	10	
Another Inst - Non-Acute	5	(0.8)	13	(1.9)	10	(1.0)	28	
Other-Hosp Not needed	2	(0.3)	2	(0.3)	7	(0.7)	11	
Awaiting test results	0	(0.0)	0	(0.0)	1	(0.1)	1	
Delayed Scheduling	1	(0.2)	0	(0.0)	0	(0.0)	1	
Hospital Scheduling	0	(0.0)	1	(0.1)	0	(0.0)	1	
Attending MD	1	(0.2)	1	(0.1)	1	(0.1)	3	
Other Hospital Needed	0	(0.0)	0	(0.0)	1	(0.1)	1	
Total	606	(100.0)	677	(100.0)	972	(100.0)	2255	
Population Estimates (1000s) - Case-weighted								
Outpatient	293	(72.8)	662	(75.9)	796	(54.0)	1751	(63.7)
Skilled Nursing Facility	24	(5.9)	43	(4.9)	52	(3.5)	118	(4.3)
Non-skilled Nurs. Fac.	78	(19.3)	139	(16.0)	593	(40.2)	810	(29.5)
Chronic Care Inst.	2	(0.5)	6	(0.7)	3	(0.2)	11	(0.4)
Another Inst - Non-Acute	3	(0.8)	17	(1.9)	15	(1.0)	35	(1.3)
Other-Hosp Not needed	1	(0.3)	3	(0.3)	11	(0.7)	15	(0.5)
Awaiting test results	0	(0.0)	0	(0.0)	2	(0.1)	2	(0.1)
Delayed Scheduling	1	(0.2)	0	(0.0)	0	(0.0)	1	(0.0)
Hospital Scheduling	0	(0.0)	1	(0.1)	0	(0.0)	1	(0.0)
Attending MD	1	(0.2)	1	(0.1)	2	(0.1)	3	(0.1)
Other Hospital Needed	0	(0.0)	0	(0.0)	2	(0.1)	2	(0.1)
Total	402	(100.0)	872	(100.0)	1475	(100.0)	2749	(100.0)

Table 5-16: Inappropriate Days Before Discharge By Responsiblity (Adult Medical/Surgical Patients Only)

Bed size (Percent of Inappropriate Admissions)	<100		100-299		300+		Total	
Sample Results								
Physician	593	(97.9)	650	(96.0)	639	(95.1)	1882	
Hospital	1	(0.2)	0	(0.0)	1	(0.1)	2	
Discharge Planning Dept.	3	(0.5)	7	(1.0)	7	(1.0)	17	
Patient/Family	2	(0.3)	4	(0.6)	4	(0.6)	10	
Financial or Med. Clear.	0	(0.0)	1	(0.1)	1	(0.1)	2	
Placement Unavailable	5	(0.8)	10	(1.5)	11	(1.6)	26	
Alternate Facility <24 hr	0	(0.0)	2	(0.3)	2	(0.3)	4	
Other	2	(0.3)	3	(0.4)	7	(1.0)	12	
Total	606	(100.0)	677	(100.0)	672	(100.0)	1955	
Population Estimates (1000s) - Case-weighted								
Physician	394	(97.9)	837	(96.0)	969	(95.)1	2200	(95.9)
Hospital	1	(0.2)	0	(0.0)	2	(0.1)	2	(0.1)
Discharge Planning Dept.	2	(0.5)	9	(1.0)	11	(1.0)	22	(0.9)
Patient/Family	1	(0.3)	5	(0.6)	6	(0.6)	13	(0.5)
Financial or Med. Clear.	0	(0.0)	1	(0.1)	2	(0.1)	3	(0.1)
Placement Unavailable	3	(0.8)	13	(1.5)	17	(1.6)	33	(1.4)
Alternate Facility <24 hr	0	(0.0)	3	(0.3)	3	(0.3)	6	(0.2)
Other	1	(0.3)	4	(0.4)	11	(1.0)	16	(0.7)
Total	402	(100.0)	872	(100.0)	1019	(100.0)	2294	(100.0)

of the inappropriate days before discharge. In an estimated 96 percent of the cases in the population in which the admission was appropriate but the day before discharge was inappropriate, the primary party responsibility for continued hospitalization was the physician.

In summary, in addition to an estimated 10 percent of the admissions which were determined to have been inappropriate, lengths of stay were excessive in 34 percent of the appropriate cases. The cases with excessive lengths of stay were in nearly all instances the responsibility of the attending physician and were predominantly cases in which the patient should have been under outpatient care, although a substantial number of these cases were appropriate for skilled and nonskilled nursing home care. The cost savings were not calculated in the overall financial effects of inappropriate care because under the PPS these savings would not be directly realized by the Medicare program. However, a separate formula for assessing financial impact for inappropriate day of care savings follows below.

Financial Effects of Inappropriate Care

At the time of these hospitalizations, PROs could disallow payment for unnecessary admissions, but not for poor quality care. To estimate the cost of inappropriate admissions, this Study multiplied the Fiscal Intermediary DRG weight by the hospital-specific blended payment rate.

All three over or underpayment estimates increase with decreasing hospital size class. Separate analyses were performed for each bed size class on each of the demographic variables using Wilcoxon (χ^2=11.7, d.f.=2, P=0.0029) and Median (χ^2=17.0, d.f.=2, P=0.0002). Results for all tests were consistent, the observed differences among bed size classes in the mean overpayment were statistically significant.

Table 5-17 shows the Sample average cost of an inappropriate admission to be $2,270. The average case for the entire Sample costs $3,150 (45 percent more), perhaps reflecting that unnecessary admissions carry simpler diagnoses. This table shows that large hospitals' more complex case mix gives them an average DRG payment nearly 83 percent more than that of small hospitals. On the other hand, their inappropriate admissions cost only 52 percent more than the average cost of an inappropriate admission to a small hospital. This trend confirms the low complexity of admissions deemed inappropriate.

Table 5-17: Cost of inappropriate admissions by hospital size

Bed size	<100	100-299	300+	Total/All
Sample				
Cases	2,276	2,388	2,386	7,050
Payment/Case	2,186	3,222	3.999	3,150
Inappropriate Admissions	286	241	213	740
Payment/Inappr Admission	1,808	2,398	2,745	2,270
Population				
Inappr. Admission ($ K)	345,961	751,706	894,053	1,991,720

The total cost of inappropriate admissions ranged from 10.4 percent of the total DRG payments to small hospitals to 5.3 percent of total payments to large hospitals. Thus, the lower average cost of small hospital cases largely fully offset their higher rate of inappropriate admissions.

Extrapolating the case weighted average payment for inappropriate admissions to the population frame implies that $1.992 billion of the $27 billion HCFA spent on PPS in FY 1985 represents payment for inappropriate admissions. A proportion of this savings would be spent while providing appropriate outpatient services, however, it is reasonable to expect all of this money may not be directly recoupable because there are costs associated with alternative treatment sites and administration costs associated with monitoring systems put in place to identify inappropriate care. Furthermore, it may not be safe to reduce inappropriate levels to zero because of the pressure on the system and risks to quality of care provided to Medicare beneficiaries. Large hospitals and medium-size hospitals together account for 82.6 percent of this sum due to the concentration of Medicare case volume in these hospitals. HCFA devoted considerable resources to utilization review during this period, suggesting both room for improvement and that the cost of inappropriate admissions could have been even higher in the absence of effective utilization review.

This study was not designed specifically to estimate the excessive cost due to inappropriate days within appropriate admissions. Estimating this component of excess cost is problematic with the

available data. Since only the day before discharge was reviewed, the total number of inappropriate days within a given case was not known or estimable and thus the total across all cases was not known. Furthermore, under PPS, it is not clear from the available data in this study who absorbed the excess cost. Was it the hospital, because payment was fixed for the case based upon the DRG? Was it PPS, because the basic estimates used to derive the DRG costs were inflated? Were the cases with excessive lengths of stay, cases which were beyond the norm for the DRG, i.e., was the excess cost addressable under a DRG-based PPS? Without minimizing the importance of these issues, we note that the study data do permit a gross measure of the costs attributed to at least the excessive days before discharge. This gross number can help provide policy analysts with a basic idea of the potential benefits to be derived from successful attempts to reduce this type of inefficiency for the health system as a whole. The estimation was derived as follows. First, the average cost of a Medicare case in the frame was computed as the total FY 1985 PPS payment ($27 billion) for the nonwaiver state Medicare cases divided by 8.3 million FY 1985 nonwaiver state Medicare cases to yield $3,253 per case. Then, the average cost per case per day was computed as $3,253 divided by 7.54 (the case-weighted average length of stay) to yield $431 per case per day. Finally, the cost per case per day was multiplied by 2,314,000 (the number of inappropriate days before discharge) to yield an estimate of $1.0 billion in costs attributable to inappropriate days before discharge.

Professional Medical Review Results

This subsection enumerates the outcomes of physician review of selected medical records for inappropriate services. Section III describes the methods used to select cases for physician review.

Quality of Care

As shown in Table 5-18, reviewing physicians identified 464 of the Sample's cases as having quality of care not meeting professionally recognized standards: 259 (11.4 percent) among small facilities, 122 (5.1 percent) among medium facilities and 83 (3.5 percent) among large facilities. The differences among bed size classes were found to be statistically significant (Wald χ^2=120.5 d.f.=2, P=0.0001).

Rural hospitals had twice the rate of urban located poor quality cases, whether weighted by hospitals or cases. Both urban and rural hospitals show bed size effects. This location effect alone was found to be significant (Wald χ^2=20.4 d.f.=1, P=0.0001), although the interaction term was not (Wald χ^2=3.1, d.f.=2, P=0.2175). In other words, the bed size and rural/urban effects can be considered independent. However, the small volume of quality problem cases may make observation of a significant interaction term difficult.

Similarly, nonteaching hospitals have a higher rate of quality problems than teaching hospitals. However, nonteaching hospitals demonstrate a bed size trend, while the lower number of teaching hospitals do not. The effect of teaching status was significant (Wald χ^2=7.2, d.f.=1, P=0.0071), although the interaction term is not (Wald χ^2=0.6, d.f.=2, P=0.7606). Again, the bed size and teaching/nonteaching effects were independent.

Table 5-18: Poor quality care by hospital size

Bed size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital
Number of discharges										
(Percent)										
Total	259	(11.4)	122	(5.1)	83	(3.5)	464	(6.6)	(5.5)	(8.1)
Urban	30	(6.6)	77	(4.6)	72	(3.2)	179	(4.1)	(3.9)	(5.4)
Rural	229	(12.6)	45	(6.3)	11	(7.7)	285	(10.7)	(9.7)	(9.8)
Teaching	3	(5.0)	24	(5.3)	37	(2.8)	64	(3.0)	(3.0)	(4.8)
Nonteaching	256	(11.6)	107	(5.5)	46	(4.4)	409	(7.8)	(6.8)	(8.4)
Profit	16	(7.6)	21	(5.0)	2	(3.3)	39	(5.7)	(5.3)	(6.1)
Nonprofit	243	(11.8)	101	(5.1)	81	(3.5)	425	(6.7)	(5.6)	(8.3)
Region 1	0	(.0)	0	(.0)	1	(1.2)	1	(0.4)	(0.5)	(1.2)
Region 3	1	(3.3)	4	(1.3)	7	(2.1)	12	(1.8)	(1.8)	(2.5)
Region 4	87	(19.0)	32	(7.7)	23	(3.8)	142	(9.6)	(7.7)	(12.9)
Region 5	46	(10.2)	22	(6.7)	27	(4.3)	95	(6.8)	(6.0)	(8.1)
Region 6	52	(13.4)	47	(11.2)	17	(9.4)	116	(11.7)	(11.3)	(12.1)
Region 7	37	(9.9)	13	(3.9)	3	(1.4)	53	(5.8)	(4.6)	(6.6)
Region 8	9	(5.0)	0	(.0)	2	(3.3)	11	(4.1)	(3.6)	(4.6)
Region 9	11	(6.2)	4	(1.0)	3	(1.0)	18	(2.1)	(1.6)	(3.7)
Region 10	16	(8.6)	0	(.0)	0	(.0)	16	(6.5)	(5.3)	(8.6)

Region was found to be a significant effect (Wald χ^2=67.1, d.f.=8, P=0.0001) and the interaction term region by bed size was marginally significant (Wald χ^2=27.0, d.f.=15, P=0.0290). In the bivariate region logit, bed size was not significant (Wald χ^2=2.3, d.f.=2, P=0.3179).

The small cell size limits conclusions about the regional effects on quality of care. However, the rates vary by an order of magnitude. A multiway logit analysis which considered only main effects: bed size, rural/urban status, teaching/nonteaching status, profit/nonprofit status, and region found all main effects except teaching status were significant.

A variety of reasons could cause the observed differences.

- Larger hospitals have a greater array of services and specialties available.
- Better trained physicians may gravitate to large hospitals because of their greater services.
- Larger hospitals might have more aggressive internal quality review programs.
- Urban hospitals can more easily transfer patients to institutions providing a more appropriate level of care.
- Teaching hospitals have house staff available 24 hours a day to "cover" clinical developments.
- Nonprofit institutions may have one less financial constraint upon their selection of what services to provide.

Extrapolating this Study's rates to the 8,277,000 cases in FY 85 implies 460,000 cases had serious quality problems. Small hospitals accounted for approximately 174,000 cases and medium-size facilities 158,000 and large hospitals contributed 128,000 poor quality cases. Medicare paid about $1.2 billion for these cases (Table 5-24).

In FY 1985 PROs had no authority to deny payment for poor quality care. Accordingly, HCFA had no incentive mechanism in place to influence quality of care. Congress has subsequently linked PRO quality review to PPS payments in order to induce closer attention to the quality of care issue.

Quality Problems by Patient Age Group

Patients were grouped into four age categories: 15 to 60, 61 to 70, 71 to 80, and 81 and over. Table 5-19 indicates that there is a trend of increasing rate of quality problems with increasing patient age both in the Sample and as estimated for the population. The trend is consistent across bed size class beyond the age of 60.

Table 5-19: Poor Quality by Age Group

Bed size	<100			100-299			300+			Total		
Sample Results												
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Age Group												
15-60	9	90	10.0	5	169	3.0	7	230	3.0	21	489	4.3
61-70	50	547	9.1	31	636	4.9	15	713	2.1	96	1896	5.1
71-80	86	853	10.1	45	956	4.7	35	926	3.8	166	2735	6.1
81+	114	786	14.5	41	627	6.5	26	517	5.0	181	1930	9.4
Total	259	2276	11.4	122	2388	5.1	83	2386	3.5	464	7050	6.6
Population Estimates (1000s) - Case-weighted												
Age Group												
15-60	6	60	10.0	7	220	3.0	11	352	3.0	23	632	3.7
61-70	33	366	9.1	40	827	4.9	23	1090	2.1	97	2283	4.2
71-80	58	571	10.1	59	1243	4.7	54	1416	3.8	170	3230	5.3
81+	76	526	14.5	53	815	6.5	40	791	5.0	169	2132	7.9
Total	173	1522	11.4	159	3106	5.1	127	3649	3.5	459	8277	5.5

(1) Quality Problems
(2) Cases
(3) Percent Quality Problems

Quality Problems by Fiscal Intermediary DRG

Table 5-20 shows the quality problems rate by Fiscal Intermediary DRG assignment for DRGs with at least 30 cases in the Sample. DRGs with at least 30 Sample cases and a high Sample rate of quality problems (over 13 percent) are listed individually in the table. These DRGs contained over 81 percent of the quality problems found in the Sample. If a DRG had at least 30 cases, but had an overall Sample quality problem rate of less than 13 percent, then it was included in the "other" category. Note, the cutoff point, 13 percent, was approximately twice the average Sample rate for quality problems (6.6 percent).

Table 5-20: Quality Problems by Fiscal Intermediary DRG
(FI DRGs with at Least 30 Sample Cases)

Bed size	<100			100-299			300+			Total		
Sample Results												
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
FI DRG												
24M-Seizure/HDA*	4	19	21.1	3	15	20.0	0	10	0.0	7	44	15.9
123M-Circulatory Dis**	2	17	11.8	7	20	35.0	0	17	0.0	9	54	16.7
172M-Digestive Malig***	3	11	27.3	1	9	11.1	1	17	5.9	16	98	16.3
316M-Renal Failure****	3	11	27.3	1	12	8.3	0	7	0.0	4	30	13.3
416M-Septicemia Age >17	3	13	23.1	3	15	20.0	3	23	13.0	9	51	17.6
Other	200	1643	12.2	85	1589	5.3	61	1472	4.1	346	4704	7.4
Total	215	1714	12.5	100	1660	6.0	65	1546	4.2	380	4920	7.7
Population Estimates (1000s) - Case-weighted												
FI DRG												
24M-Seizure/HDA*	3	13	21.1	4	20	20.0	0	15	0.0	7	48	13.8
123M-Circulatory Dis**	1	11	11.8	9	26	35.0	0	26	0.0	10	63	16.5
172M-Digestive Malig***	2	7	27.3	1	12	11.1	2	26	5.9	5	45	10.7
316M-Renal Failure****	2	7	27.3	1	16	8.3	0	11	0.0	3	34	9.8
416M-Septicemia Age >17	2	9	23.1	4	20	20.0	5	35	13.0	10	63	16.6
Other	205	1667	12.3	80	1568	5.1	59	1433	4.1	344	4667	7.4
Total	215	1714	12.5	100	1660	6.0	65	1546	4.2	380	4920	7.7

(1) Quality Problem Cases
(2) Cases
(3) Percent Quality Problem Cases

*24M-Seizure and Headache Age >69 and/or C.C.
**123M-Circulatory Disorders with AMI, expired
***172M-Digestive Malignancy Age >69 and/or C.C.
****316M-Renal Failure w/o dialysis

Septicemia (DRG 416) was the DRG with the highest Sample (17.6 percent) and case-weighted population average rate (16.6 percent) of quality problems. Other DRGs with high Sample (and estimated population) quality problem rates were: Circulatory Disorders with Acute Myocardial Infarction (AMI), expired (DRG 123, 16.7 percent), Digestive Malignancy (DRG 172, 16.3 percent), Seizure and Headache (DRG 24, 15.9 percent) and Renal Failure (DRG 316, 13.3 percent). Collectively, this group of DRGs with at least 30 cases and a high quality rate accounts for 7.3 percent of the quality problems observed in the Sample (an estimated 7.8 percent of the quality problems in the population). Estimated case volume of quality problems for this group of DRGs is concentrated among medium-size hospitals (20,000).

Quality Problems by Major Diagnostic Category

Table 5-21 shows quality problems by Major Diagnostic Category. The MDCs with the high rates of quality problems in the Sample and as estimated in the population included: Mental Diseases (MDC 14) and other Health Factors (MDC 23). Sample rates for these MDCs were: MDC 14: 14.3 percent and MDC 23: 13.2 percent. National estimated rates were: MDC 14: 12.2 percent and MDC 23: 13.2 percent.

The estimated population quality problem volume was concentrated in Digestive System (MDC 6, 108,000). However, this reflects the fact that the case volume was concentrated in this MDC: it has a quality problem rate (5.6 percent) very close to the estimated population average rate (5.6 percent).

Quality Problems by Principal Diagnosis

Table 5-22 shows the quality problems rate by Principal Diagnosis for those with at least 30 cases in the Sample. These Principal Diagnoses accounted for 42.9 percent of the Sample quality problems and an estimated 42.5 percent of the quality problems in the population. If, in addition to having at least 30 Sample cases, a Principal Diagnosis had at least nine quality problems in the Sample, quality problem rates were individually tabulated for this Principal Diagnosis in Table 5-19. These Principal Diagnoses accounted for 24.8 percent of the Sample and an estimated 24.6 percent of the quality problems in the population. Principal Diagnoses with more than 30 Sample cases but less than nine quality problems were included in the "other" category. The Principal Diagnosis with both a high Sample (12.1 percent) and estimated population average quality problem rate (9.2 percent) was Transient Cerebral Ischemia.

Quality of Care Categories

Quality of Care Problem Categories

The physicians dictated case summaries on all quality of care cases. These were typed, bound in volumes by states in which the care was provided, and were provided by HDI to the OIG office in Washington. OIG subsequently provided the PRO in the appropriate state the summaries of

Table 5-21: Quality Problems by Fiscal Intermediary MDC

Bed size	<100			100-299			300+			Total		
Sample Results	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
FI MDC												
1-Nervous System	30	180	16.7	9	181	5.0	13	204	6.4	52	565	9.2
2-Eye	1	8	12.5	0	37	0.0	1	59	1.7	2	104	1.9
3-Ear, Nose, and Throat	11	62	17.7	1	54	1.9	1	39	2.6	13	155	8.4
4-Respiratory System	45	413	10.9	20	332	6.0	12	307	3.9	77	1052	7.3
5-Circulatory System	56	512	10.9	33	570	5.8	18	561	3.2	107	1643	6.5
6-Digestive System	33	288	11.5	16	304	5.3	12	291	4.1	61	883	6.9
7-Liver, G.B.,PA	2	59	3.4	2	70	2.9	1	65	1.5	5	194	2.6
8-Musculoskeletal	17	193	8.8	7	207	3.4	5	227	2.2	29	627	4.6
9-Skin, Subcu, breast	4	71	5.6	1	62	1.6	1	48	2.1	6	181	3.3
10-Endocrine, Nutritional	14	147	9.5	8	124	6.5	2	77	2.6	24	348	6.9
11-Kidney & Urinary tract	18	98	18.4	5	120	4.2	3	114	2.6	26	332	7.8
12-Male Reproduc. Sys	1	38	2.6	0	68	0.0	2	88	2.3	3	194	1.5
13-Female Reproduc. Sys	0	20	0.0	2	28	7.1	0	34	0.0	2	82	2.4
14-Pregnancy, Childbirth	0	1	0.0	0	0	N.A.	0	0	N.A.	0	1	0.0
15-Newborns	0	0	N.A.	0	0	N.A.	0	0	N.A.	0	0	N.A.
16-Blood, Hematopoietic	4	19	21.1	3	38	7.9	1	31	3.2	8	88	9.1
17-Myeloproliferative	0	5	0.0	2	39	5.1	1	76	1.3	3	120	2.5
18-Infecs & Parasitic	5	39	12.8	3	23	13.0	2	46	4.3	10	108	9.3
19-Mental Diseases	10	42	23.8	2	37	5.4	4	33	12.1	16	112	14.3
20-Alchohol & Drugs	4	23	17.4	0	7	0.0	0	11	0.0	4	41	9.8
21-Injuries, Poisoning	2	28	7.1	2	31	6.5	0	22	0.0	4	81	4.9
22-Burns	0	1	0.0	0	2	0.0	0	2	0.0	0	5	0.0
23-Health Factors	2	18	11.1	4	25	16.0	3	26	11.5	9	69	13.0
24-Ungroupable	0	11	0.0	2	29	6.9	1	25	4.0	3	65	4.6
Total	259	2276	11.4	122	2388	5.1	83	2386	3.5	464	7050	6.6
Population Estimates (1000s) - Case-weighted												
FI MDC												
1-Nervous System	20	120	16.7	12	235	5.0	20	312	6.4	52	668	7.7
2-Eye	1	5	12.5	0	48	0.0	2	90	1.7	2	144	1.5
3-Ear, Nose, and Throat	7	41	17.7	1	70	1.9	2	60	2.6	10	171	5.9
4-Respiratory System	30	276	10.9	26	432	6.0	18	469	3.9	74	1178	6.3
5-Circulatory System	37	342	10.9	43	741	5.8	28	858	3.2	108	1942	5.6
6-Digestive System	22	193	11.5	21	395	5.3	18	445	4.1	61	1033	5.9
7-Liver, G.B.,PA	1	39	3.4	3	91	2.9	2	99	1.5	5	230	2.4
8-Musculoskeletal	11	129	8.8	9	269	3.4	8	347	2.2	28	745	3.8
9-Skin, Subcu, breast	3	47	5.6	1	81	1.6	2	73	2.1	6	202	2.7
10-Endocrine, Nutritional	9	98	9.5	10	161	6.5	3	118	2.6	23	377	6.0
11-Kidney & Urinary tract	12	66	18.4	7	156	4.2	5	174	2.6	23	396	5.8
12-Male Reproduc. Sys	1	25	2.6	0	88	0.0	3	135	2.3	4	248	1.5
13-Female Reproduc. Sys	0	13	0.0	3	36	7.1	0	52	0.0	3	102	2.6
14-Pregnancy, Childbirth	0	1	0.0	0	0	N.A.	0	0	N.A.	0	1	0.0
15-Newborns	0	0	N.A.	0	0	N.A.	0	0	N.A.	0	0	N.A.
16-Blood, Hematopoietic	3	13	21.1	4	49	7.9	2	47	3.2	8	110	7.4
17-Myeloproliferative	0	3	0.0	3	51	5.1	2	116	1.3	4	170	2.4
18-Infecs & Parasitic	3	26	12.8	4	30	13.0	3	70	4.3	10	126	8.2
19-Mental Diseases	7	28	23.8	3	48	5.4	6	50	12.1	15	127	12.2
20-Alchohol & Drugs	3	15	17.4	0	9	0.0	0	17	0.0	3	41	6.5
21-Injuries, Poisoning	1	19	7.1	3	40	6.5	0	34	0.0	4	93	4.2
22-Burns	0	1	0.0	0	3	0.0	0	3	0.0	0	6	0.0
23-Health Factors	1	12	11.1	5	33	16.0	5	40	11.5	11	84	13.2
24-Ungroupable	0	7	0.0	3	38	6.9	2	38	4.0	4	83	5.0
Total	173	1522	11.4	159	3106	5.1	127	3649	3.5	459	8277	5.5

(1) Number of Quality Problems
(2) Number of Cases
(3) Percentage of Quality Problems

Table 5-22: Quality Problems by Principal Diagnosis
(Principal Diagnosis with at Least 30 Sample Cases)

Bed size	<100			100-299			300+			Total		
Sample Results	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Principal Diagnosis												
Volume Depletion 276.5	6	45	13.3	6	45	13.3	0	30	0.0	12	120	10.0
Congestive Heart Failur 428.0	14	128	10.9	10	126	7.9	3	102	2.9	27	356	7.6
Transient Cerebral Isch 435.9	8	41	19.5	2	43	4.7	5	40	12.5	15	124	12.1
Acute Cerebrovasc Dis 436	5	39	12.8	2	24	8.3	2	26	7.7	9	89	10.1
Acute Bronchitis 466.0	10	75	13.3	0	49	0.0	2	42	4.8	12	166	7.2
Pneumonia 486	10	94	10.6	4	53	7.5	6	58	10.3	20	205	9.8
Urinary Tract Infection 599.0	7	34	20.6	1	28	3.6	1	18	5.6	9	80	11.3
Syncope & Collapse 780.2	6	27	22.2	4	32	12.5	1	30	3.3	11	89	12.4
Other	48	526	9.1	21	589	3.6	15	587	2.6	84	1702	4.9
Total	114	1009	11.3	50	989	5.1	35	933	3.8	199	2931	6.8
Population Estimates (1000s) - Case-weighted												
Principal Diagnosis												
Volume Depletion 276.5	4	30	13.3	8	59	13.3	0	46	0.0	12	135	8.8
Congestive Heart Failur 428.0	9	166	5.6	13	164	7.9	5	156	2.9	27	486	5.5
Transient Cerebral Isch 435.9	5	53	10.0	3	56	4.7	8	61	12.5	16	170	9.2
Acute Cerebrovasc Dis 436	3	51	6.6	3	31	8.3	3	40	7.7	9	122	7.4
Acute Bronchitis 466.0	7	98	6.9	0	64	0.0	3	64	4.8	10	226	4.3
Pneumonia 486	7	122	5.5	5	69	7.5	9	89	10.3	21	280	7.5
Urinary Tract Infection 599.0	5	44	10.6	1	36	3.6	2	28	5.6	8	108	6.9
Syncope & Collapse 780.2	4	35	11.4	5	42	12.5	2	46	3.3	11	123	8.8
Other	32	684	4.7	27	766	3.6	23	898	2.6	82	2348	3.5
Total	76	1312	5.8	65	1286	5.1	54	1427	3.8	195	4025	4.8

(1) Number of Quality Problem Cases
(2) Number of Cases
(3) Percentage of Quality Problem Cases

hospitals having more than six cases cited for poor quality out of the 30 reviewed. PROs were requested by OIG to follow-up on the patterns and cases identified.

The case summaries were then analyzed by HDI to develop an understanding of the quality patterns observed. Since the 464 summaries were in narrative form, the evaluation was made possible by creating 38 categories and eight major headings.

Summary

This analysis (Table 5-23) suggests the highest (36 percent) cause of a quality problem to surface on peer review is the failure to properly evaluate the patient's clinical condition or once evaluated, to miss the appropriate diagnosis. This finding may indicate there exists a subset of Medicare patients where nonaggressive therapy may or may not be appropriate. Cases where DO NOT RESUSCITATE (DNR) orders were clearly written on the medical record would not have caused a case to fall into this problem category. The DNR order is legal in most states but its application is not uniform from hospital to hospital. If this was the attending physician's intent but

Table 5-23: Quality of Care By Cause

	Total Number Of Times It Appeared On Case Summaries		Total Number Of Case Summaries Stated As The Primary Cause Of Poor Quality	
Evaluation	358	(29.7)	166	(35.7)
Signs and symptoms	206		111	
Abnormal vital signs	9		2	
Monitor of patient improperly	99		43	
Misdiagnosis	44		10	
Diagnostic test issues	334	(27.7)	133	(28.7)
Inappropriate tests	24		15	
No tests	175		61	
Abnormal tests results	85		40	
Fail to treat abnormal labs	34		15	
Fail to treat abnormal EKG	7		0	
Fail to treat abnormal CXR	7		0	
Fail to treat abnormal diagnostic tests	1		1	
Fail to treat abnormal cultures	1		1	
Treatment	95	(7.9)	42	(9.1)
No treatment rendered	15		9	
Inappropriate treatment	21		12	
Inapprop. sequence of Rx	6		3	
Lack of consistant Rx	14		5	
Delay in aggressive therapy	16		7	
Lack of aggressive therapy	18		6	
Extended length of stay	5		0	
Medication	164	(13.6)	44	(9.5)
None indicated	28		7	
Inappropriate	49		17	
Inappropriate dose	22		8	
Inappropriate duration	6		0	
Inappropriate route	8		2	
Failure to prescribe	32		7	
Inappropriate IV fluid	19		3	
Surgery	21	(1.7)	11	(2.4)
Poor risk	6		2	
Unnecessary	2		2	
Complication of	13		7	
Discharge	43	(3.6)	13	(2.8)
Premature/ no improvement	37		10	
Poor discharge planning	6		3	
Complications	72	(6)	22	(4.7)
Death	37		11	
Disability	0		0	
Iatrogenesis	35		11	
Miscellaneous	119	(9.9)	33	(7.1)
MD supervision inadequate	5		2	
Failure to provide safety	0		0	
Inadequate documentation	99		24	
Inappropriate setting	15		7	
TOTAL	1206	(100)	464	(100)

no appropriate order appeared on the record, than the case may be in this category. Terminally ill patients admitted for "comfort measures only" would not be in this category unless in the opinion of the reviewing physician no clear evidence was documented to justify this level of care.

The review was limited to a single episode of illness and answers to additional questions might require data from other sources, such as office records, patient surveys and records from previous admissions.

Inappropriate attention to diagnostic test results or failure to perform appropriate testing were discussed in 28.6 percent of the quality case summaries by HDI's physician reviewers. Sixty-one of the quality problem cases (13 percent) involved a lack of appropriate testing. This finding is of concern under a system where the financial incentive favors less testing rather than more.

Psychiatric cases accounted for seven of the quality problem cases and four of these were in the evaluation and diagnostic testing problem categories.

Clinical evaluation practices and diagnostic testing omissions and comissions account for 64 percent of all quality problem cases. Additional investigation will be required before the full significance of the data can be understood.

Fiscal Intermediary Payment for Poor Quality Cases

Fiscal Intermediaries authorized payment of over 1.1 million dollars for cases in this Study found to contain some substandard quality within the services provided (Table 5-24). Estimated population payments were 1.232 billion dollars. National estimates by bed size class were: small hospital: $331 million, medium-size hospitals: $452 million, and large hospitals: 449 million dollars. The number of quality problem cases decline with increasing bed size from 173,000 cases for small hospitals to 127,000 cases among large hospitals. However, the average cost of these cases increased from $1,908 for small hospitals to $3,540 for large hospitals.

Table 5-24: Quality Problems By Fiscal Intermediary Payment

Bed size	<100	100-299	300+	Total
Sample				
Total Payments	$494,178	$347,733	$293,784	$1,135,695
Percent	(43.5)	(30.6)	(25.9)	(100.0)
Cases	259	122	83	464
Payment/Case	$1,908	$2,850	$3,540	$2,448
Case-Weighted Population Estimates				
Total Payments	$330,557,851	$452,272,401	$449,254,359	$1,232,084,611
Percent	(26.8)	(36.7)	(36.5)	(100.0)
Cases	173,246	158,677	126,923	544,756
Payment/Case	$1,908	$2,850	$3,540	$2,262

Inappropriate Procedures

Of the 2,618 cases in the Sample involving one or more procedures (a total of 4,409 procedures), only 14 cases were found to have inappropriate procedures: one at a small hospital, nine at medium-size hospitals and four at large hospitals. Due to the small volume of inappropriate procedures in the Sample, no statistical analyses were performed. Only procedures clearly observed as blatently inappropriate were referred and confirmed by physician review for medical necessity of each procedure.

The cost based reimbursement system devoted considerable attention to the problem of unnecessary surgery. Although HDI did not find it a problem, under PPS, a hospital spends less by not performing surgery during an admission, necessary or unnecessary. Accordingly, the low rate of inappropriate procedures may relate to the system of payment.

Premature Discharge

The physician reviewers identified 74 discharges as occurring prematurely: 47 among small facilities, 18 among medium-size facilities and nine among large facilities (Table 5-25). The differences among bed size classes were found to be statistically significant (Wald χ^2=29.5, d.f.=2, P=0.0001).

Table 5-25: Premature discharges by hospital size

Bed size	<100		100-299		300+		Total	Weighting: Sample	Case	Hospital
Number of discharges										
(Percent)										
Total	47	(2.1)	18	(0.8)	9	(0.4)	74	(1.1)	(0.8)	(1.4)
Urban	4	(0.9)	11	(0.7)	7	(0.3)	22	(0.5)	(0.5)	(0.7)
Rural	43	(2.4)	7	(1.0)	2	(1.4)	52	(1.9)	(1.7)	(1.8)
Teaching	0	(0.0)	0	(0.0)	4	(0.3)	4	(0.2)	(0.2)	(0.3)
Nonteaching	47	(2.1)	18	(0.9)	5	(0.5)	70	(1.3)	(1.1)	(1.5)
Profit	2	(1.0)	7	(1.7)	0	(0.0)	9	(1.3)	(1.3)	(1.2)
Nonprofit	45	(2.2)	11	(0.6)	9	(0.4)	65	(1.0)	(0.8)	(1.4)
Region 1	0	(0.0)	0	(0.0)	0	(0.0)	0	(0.0)	(0.0)	(0.0)
Region 3	0	(0.0)	1	(0.3)	0	(0.0)	1	(0.2)	(0.1)	(0.3)
Region4	19	(4.2)	5	(1.2)	4	(0.7)	28	(1.9)	(1.4)	(2.6)
Region5	9	(2.0)	3	(0.9)	2	(0.3)	14	(1.0)	(0.8)	(1.4)
Region6	10	(2.6)	8	(1.9)	1	(0.6)	19	(1.9)	(1.7)	(2.0)
Region 7	4	(1.1)	1	(0.3)	1	(0.5)	6	(0.7)	(0.6)	(0.7)
Region 8	2	(1.1)	0	(0.0)	0	(0.0)	2	(0.7)	(0.5)	(1.1)
Region 9	1	(0.6)	0	(0.0)	1	(0.3)	2	(0.2)	(0.2)	(0.5)
Region 10	2	(1.1)	0	(0.0)	0	(0.0)	2	(0.8)	(0.7)	(1.1)

Rural hospitals had a higher rate of premature discharges than urban hospitals, and nonteaching hospitals had higher rates than teaching hospitals. Nonprofit status and region exert no obvious effect. Statistical testing confirm location to be significant (Wald χ^2=7.4, d.f.=1, P=.0066). However, teaching status, profit/nonprofit and region do not have significant effects on premature cases. In the bivariate rural/urban logit analysis, rural/urban status was the only significant effect (Wald χ^2=3.9, d.f.=2, P=0.1450). Due to the small volume of premature cases, disaggregate χ^2 analyses were unreliable.

Theoretically, systems based on reverse incentives may encourage premature discharge of patients. By discharging patients still needing hospitalization, the hospital decreases the cost of that stay and creates an opportunity to receive a second DRG payment from a subsequent readmission. Congressional concern about premature discharge caused the PROs to review all readmissions to the same hospital within seven (later extended to 14 and then to 31) days of discharge.

This Study suggests premature discharges are occurring at a rate of less than 50,000 patients annually out of the eight million FY 1985 discharges. If reimbursed at the FY 1985 average of $3,329 this care cost HCFA $150 million. Patients prematurely discharged may subsequently require readmission and the cost of the follow-up care is impossible to calculate. Over the same period, the PRO reviewed 20 to 25 percent of PPS discharges and denied 12,000 as being readmissions resulting from premature discharges, suggesting they have identified a similar rate of premature discharges.

Inappropriate Transfers

Clinical reviewers identified 50 cases as inappropriately transferred between acute-care facilities: 40 among small facilities, five among medium-size facilities and five among large facilities. The differences among bed size classes were found to be statistically significant (Wald statistic χ^2=36.5, d.f.=2, P=0.0001). Differences among the other demographic factors were found not to be significant. The low volume of inappropriate transfers precludes speculation into the causes of inappropriate transfers or projections of the total number of such incidents in FY 1985.

Nosocomial and Iatrogenic Events

HDI instructed the nurse reviewers to forward any medical records that indicated a potential hospital acquired infection or negative event suspected to be caused by the patient's exposure to the health care environment.

No attempt was made to determine if a particular health care provider, M.D., R.N. or ancillary health care worker was directly responsible for the event. The reviewer was not asked to scour the medical record to identify all such events, only to report any cases appearing to contain such a problem.

The modified version of the Center for Disease Control (CDC) definition of a nosocomial event was used as a guideline by the nurse and physician reviewers. The form is included in the Appendix.

Table 5-26 reveals that of the 352 (4.9 percent) cases supported by a physician agreement, 129 (1.8 percent) were nosocomial infections and 223 (3.2 percent) were iatrogenic events.

Table 5-26: Nosocomial Infections and Iatrogenic Events
By Hospital Size Class:
Number (Percent)

Bedsize	# of Hospitals	# of Patients
<100	18 (20)	21 (16)
100-299	32 (36)	49 (38)
300+	39 (44)	59 (46)
Total:	89	129 (1.8 of Total Sample)

Regions	# of Hospitals (N=89)	# of Patients (N=129)	Percent of Total Noscomial Infections
I	1	1	(0.8)
II	-	-	
III	9	15	(12)
IV	18	24	(19)
V	19	31	(24)
VI	13	15	(12)
VII	10	16	(12)
VIII	1	1	(0.8)
IX	17	25	(19)
X	1	1	(0.8)

Teaching Status	# of Hospitals	# of Patients	
Teaching	29	49	(38)
Nonteaching	60	80	(62)

Location	# of Hospitals	# of Patients	
Urban	67	103	(80)
Rural	22	26	(20)

Propriety	# of Hospitals	# of Patients	
Profit	12	16	(12)
Nonprofit	77	113	(88)
Total Types of Infection:	168		

Total:	
Urinary Tract Infections	81
Wounds	24
Respiratory	35
Sepsis	15
Other (e.g., eye)	13

Total Number of Hospitals:	89
Total Number of Patients:	129
Number of Patients with 1 Infection:	101
Number of Patients with 2 Infections:	20
Number of Patients with 3 Infections:	8
Total Number Type of Infections:	168

Thirty-seven percent of the 239 hospitals had one or more nosocomial event(s) identified in this review. Forty-four percent of these hospitals were in the large bed size class. Thirty-six percent were in the medium bed size class and only 20 percent were in small facilities. This relationship remains fairly constant when looking at cases.

Extrapolating this volume of cases to the FY 1985, 8,277,000 cases means 148,986 cases experienced a nosocomial infection annually. The cost of this care is difficult to calculate, but it has been estimated between "2 to 10 billion dollars a year," (DeWitt 1987) and constitutes a significant and growing concern although these rates are below previous studies (CNC - 1984 = 3.4 percent [MMWR Surveillance Summaries 1984], and SENIC 1975-1976 = 5.7 percent [Haley et al. 1985]). The review process was not as rigorous as one might undertake when the identification of nosocomial events was the focus of the study. The lower rates in the National DRG Study may be considered extremely conservative.

Almost half (48.2 percent) of the nosocomial events reported were urinary tract infections (UTIs) indicating a potential reduction is possible since many UTIs are the result of improper infection control practices involving the insertion and maintenance of urinary catheters.

Twenty percent involved upper respiratory infections and 14 percent were identified as wound infections. Only 7.7 percent involved sepsis or system wide infections. Further investigation may be required to assess the full impact of this data.

The 223 (3.2 percent) cases exhibiting an iatrogenic event were mainly in the categories of slips and falls from bed, medication events, procedure complications, and other surgical events. The correlation between the iatrogenic event and the person directly responsible (e.g., physician, surgeon, RN, ancillary staff) was not attempted. Indeed, some patients involved in falling out of bed may have done so if they were not in the health care environment.

HDI made every attempt to determine whether a potential existed to predict or prevent an untoward event. Physician reviewers approved all reported events but remained concerned about the definitional terms used to assign an event as iatrogenic. The clarification of this classification would help in further research on this topic. One suggested classification system is:

I. Complication of a diagnostic or a therapeutic procedure to admitted hospital patients, or immediate prehospital care by medical or paramedical personnel.

II. Other morbid events complicating hospitalization, not directly related to diagnostic or therapeutic interventions.

III. Complication of diagnosis, therapy or medical intervention to outpatients by medical or paramedical personnel.

IV. Complication of attempted medical intervention by nonlicensed persons, including patient.

Conclusion

Of additional interest but beyond the scope of this Study would be a comparison of the cases where iatrogenic and nosocomial events occurred with the ICD-9-CM coding submitted. How accurately these events can be detected from hospital discharge data or claims files would be valuable information.

A recent study identified undercoding of nosocomial infections and stated: "approximately one-third would have been lost due to errors in coding in the discharge abstract" (Massanari, et al. 1987). There are 103 of the 470 DRGs where these codes will affect the reimbursement allowed. A clear and acceptable classification system would help to ensure an equitable payment and adequate monitoring of these events in order to facilitate a better quality control mechanism.

Psychiatric Review

The Mental Health Appropriateness Evaluation Protocol (MH-AEP) was used to evaluate the 60 cases identified in the study as psychiatric admissions. Cases reviewed with the MH-AEP were obvious psychiatric admissions independent of the location or type of facility.

The MH-AEP collected the required demographic data and determined the appropriateness of the admission based upon the severity of the patient's history, required therapeutic procedures, and the patient's present clinical condition. MH-AEP criteria are in the Appendix. All cases, whether appropriate or inappropriate, were reviewed by a psychiatrist.

Demographic Results

Of the 60 cases reviewed, 35 (58 percent) were female and 25 (42 percent) were male. They were overwhelmingly admitted 45 (75 percent) for a work-up and evaluation of their clinical status. Only 12 (20 percent) were admitted for therapy and 3 (5 percent) were admitted due to a failure in outpatient management.

Half of the cases were admitted by a physician and 20 (33 percent) were admitted through the emergency room. Other sources were: health care facility 4 (6 percent), clinics 3 (5 percent), other short-term acute care hospitals 2 (3 percent), and one case came from a detoxification center.

The majority 32 (53 percent) were admitted as urgent and 22 (37 percent) as emergency admissions. Only 6 (10 percent) were elective admissions.

Most, 36 (60 percent) were discharged to their home. Seven (12 percent) went to intermediate care facilities including residential facilities or day hospitals. Only 6 (10 percent) were discharged to continue outpatient therapy. Home health services were listed for 4 (6 percent) and short-term acute hospital or other institution accounted for 6 (10 percent). One patient (2 percent) expired.

Appropriateness Rates

Of the 60 cases reviewed nine (15 percent) failed to meet MH-AEP criteria. The physician reviewer felt their care could have been safely provided on an outpatient basis. Most of the inappropriate five (56 percent) cases were admitted through the emergency room. The remaining four (44 percent) inappropriate cases were admitted by their physicians. Four cases were considered emergency admissions and four urgent with only one elective. Four (44 percent) of the nine inappropriate psychiatric cases had a discharge diagnosis of anxiety and two (22 percent) had a diagnosis of depression. The remaining three cases had discharge diagnoses of panic type anxiety neurosis, neurotic depression, or acute psychosis.

Table 5-27 indicates the inappropriate psychiatric admissions by hospital size. Regional analysis was not meaningful because of the small number of cases involved.

Table 5-27: Inappropriate Psychiatric Admissions by Hospital Size

Bed size	<100			100-299			300+			Total	
Number of inappropriate admissions (percent of psychiatric subset) Review = number of cases reviewed in bedsize	#	Review	%	#	Review	%	#	Review	%	#	Review
Total:	6	18	(33.3)	3	23	(13.0)	0	19	(0)	9	60
Urban	1	4	(25.0)	1	9	(11.0)	0	16	(0)	2	29
Rural	5	14	(35.7)	2	14	(14.3)	0	3	(0)	7	31
Teaching	0	1	(0.0)	0	2	(0.0)	0	10	(0)	0	13
Nonteaching	6	17	(35.3)	3	21	(14.3)	0	9	(0)	9	47
Profit	0	0	(0.0)	0	6	(0.0)	0	0	(0)	0	6
Nonprofit	6	18	(33.3)	3	17	(17.6)	0	19	(0)	9	54

Psychiatric Quality of Care

Seven (12 percent) of the 60 psychiatric cases reviewed involved quality of care problems. Of these three were also inappropriate admissions. The poor quality involved inadequate clinical or medical evaluations and the use of inappropriate medication. No premature discharges or inappropriate transfers occurred.

Correlations Among Problem Areas

This analysis considers the association among problem areas and clinical outcomes that were included within the focus of this study. For example, incidence of poor quality of care might have been higher for cases in which the patient was prematurely discharged or the patient expired. The analysis is intended to characterize problem cases in ways that analysis of individual problem area rates cannot

Statistical analysis was performed only where sufficient data was available to achieve reliable results. This Study was not designed to provide analysis of these correlations, therefore statistical analysis was not often feasible. However, the Sample results here are presented as preliminary indicators.

Quality and Other Problem Areas/Outcomes

The most striking correlations were among problems associated with quality of care and other factors. 17.2 percent of patients who died during their hospitalization experienced a problem with the quality of the care they received as contrasted with 5.9 percent of those who were discharged alive. This relationship was statistically significant (continuity adjusted χ^2=84.6, d.f.=1, P=0.0001). Conversely, 16.4 percent of patients whose hospitalization had a quality problem died as opposed to 94.4 percent whose care was not sub par. While this data set cannot prove causality, it does provide quantitative evidence for the commonly held presupposition that an increase in hospital mortality is linked to poor care.

Additionally, 83.3 percent of all premature discharges had a problem with quality; 5.8 percent did not, 50 percent of inappropriate procedures had a quality issue; 6.5 percent did not. 40 percent of all inappropriate transfers to another facility also demonstrated quality of care problems; 6.3 percent did not. And finally, 11.9 percent of those cases inappropriately admitted to the hospital had a quality problem during their stay; 6.0 percent of those inappropriate admissions did not have any such quality problem.

Mortality and Inappropriate Admissions

There were 442 cases (6.3 percent of the Sample) in which the patient expired in the hospital. Thirteen of the mortality cases (2.9 percent) occurred when the admission was inappropriate, 429 (97.1 percent) when the admission was appropriate. The correlation was highly significant (continuity-adjusted χ^2=27.8, d.f.=1, P=0.0001). The obvious explanation for the correlation might be that inappropriate admissions involve patients who are not as ill and are therefore less likely to expire.

Inappropriate Admissions and Other Problem Areas/Outcomes

There were 740 cases in which the admission was inappropriate. Eighty-eight of these cases also involved a quality problem. The inappropriate admission rate among quality of care problem cases was 19.0 percent as compared to 9.9 percent among cases with no quality of care problem. χ^2 analysis shows this correlation to be statistically significant (continuity-adjusted χ^2=37.0, d.f.=1, P=0.0001).

Of the 14 inappropriate procedures one involved an inappropriate admission. Three of the 74 premature discharges involved an inappropriate admission. Eight of the 50 inappropriate transfers involved an inappropriate admission.

Premature Admissions and Other Problem Areas

Of the 110 premature admissions, one involved an inappropriate procedure, three involved a quality problem, none involved a premature discharge or inappropriate transfer.

Inappropriate Procedures and Other Problem Areas

The 464 quality problem cases (6.6 percent of the Sample cases) involve 50 percent (7) of the inappropriate procedures. Of the 14 inappropriate procedures, six involved inappropriate days before discharge, none involved inappropriate transfers or premature discharges.

Inappropriate Transfers and Premature Discharges

The 464 quality problems involved 40 percent (20) of the inappropriate transfers and 84 percent (62) of the premature discharges. In addition, HDI found that 111 cases involved inappropriate days before discharge.

Inappropriate Day Before Discharge

Of the 1,955 inappropriate days before discharge, eight were inappropriate transfers, five were premature discharges.

Inappropriate Transfers and Premature Discharges

Of the 50 inappropriate transfers, two were premature discharges.

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The Health Data Institute's Interest and Background

The Health Data Institute™ (HDI) was founded in 1981. Since April, 1985, HDI has been a wholly owned subsidiary of Caremark®. As of August 3, 1987, Caremark is a wholly owned subsidiary of Baxter Health Care Corporation of Deerfield, Illinois.

HDI is one of the leading providers of health benefit management systems, software, and services to leading commercial insurers, Blue Cross Blue Shield plans and the Fortune 100, as well as the federal government. HDI clients include 30 of the 100 largest employers in the United States. HDI specialties include: medical care record review and insurance claims data analysis, quality control, and managed care alternatives including pretreatment review, catastrophic case management, and disability management. HDI's professional staff includes experienced physicians, utilization review experts, nurses, statisticians, economists, health care managers, and data processing experts.

HDI's audit projects rely on well defined, medically accepted criteria to quantify and compare appropriateness and quality problems on a hospital, employer, or insurer basis. Criteria and protocols used in these audit projects stem from the Appropriateness Evaluation Protocol (AEP).

First developed in the mid-1970s with federal research funds for gathering utilization review data for adult medical and surgical hospital care, the AEP is based on over a decade of research, field validation, and refinement involving, for example, Professional Standards Review Organizations (PSROs) (Gertman and Restuccia 1981). Today, the AEP is in the public domain and is used by many organizations including Peer Review Organizations (PROs), insurers, and hospital utilization review organizations across the nation.

HDI's Audit Division Organization and Staff

The Clinical Audit Division conducts HDI's medical record review projects. Ms. Annette Delaney, R.N., M.A., is the Division Director and reports to HDI's President and CEO, David Rosenbloom, Ph.D., as she has since the start of the OIG project.In addition to the Project Director, other key staff included:

- Joseph Yarmus, M.A., A.B.D.
- Laurie Moore, R.R.A.
- Janice Walker, R.N., M.B.A.
- Patricia Cassidy-Tsonas, R.N.
- Gina Vitagliano, R.N.

In total, there are six nurses, three full time and six part time medical record reviewers, three analysts, two programmers, and an executive assistant/programmer and more than 30 consulting staff serving the Clinical Audit Division.

Ms. Geraldine Berenholz, R.R.A, and M.P.H., was an external consultant and the initial supervisor of coding activities.

In addition, David Hoaglin, Ph.D., Professor of Statistics at Harvard University has consulted to the OIG project as a quality reviewer for statistical issues.

Biographies of key personnel contributing to this project follow:

Paul M. Gertman, M.D.
Scientific Reviewer - National DRG Validation Study

Dr. Paul M. Gertman is HDI's Founder and Chief Scientist, and an expert in health care utilization as well as health services necessity and quality analysis, and has published extensively in both areas.

Dr. Gertman also holds concurrent appointments as:

- Vice Chairman of Caremark®
- Adjunct Associate Professor of Medicine, Boston University School of Medicine.

Dr. Gertman's prior experience includes a number of posts in the areas of health care management research and quality assurance, both with the White House staff and at major universities. He has specialized in how to make more effective use of health insurance claims data for evaluation of problems in the health care delivery system and in development of advanced procedures for premium determination.

Dr. Gertman attended Harvard University and the Johns Hopkins University School of Medicine from which he received his medical degree. His post graduate training in medicine, gastroenterology and preventive medicine were received at Duke, the University of North Carolina and at Johns Hopkins. Dr. Gertman was then selected as the first Carnegie Commonwealth Clinical Scholar at Johns Hopkins and received advanced training in health care administration, epidemiology and management at the Johns Hopkins University School of Public Health.

Annette M. Delaney, R.N., M.A.
Project Director - Principal Investigator - National DRG Validation Study

Annette Delaney is the Director of the Clinical Audit Division and has extensive experience in the implementation, design and management of quality and utilization control systems. She has directed research projects at the institutional, state and national level. Her expertise and interest reside in matching clinical information to computer applications to facilitate measuring the impact of quality and cost initiatives. The ethical and legal ramifications of providing and using cost and quality data in the health care environment are of particular interest.

At HDI, Ms. Delaney directed the development of AUTOAUDIT©, an enhanced, automated version of the Appropriateness Evaluation Protocol (AEP), a cost/quality audit tool used in this Study. Her other projects involve the monitoring of cost and quality implications of various managed care approaches for major corporations, insurers, hospitals and state agencies.

Prior to joining HDI, Ms. Delaney was Director of Quality Assurance at Tufts New England Medical Center. While there, she was instrumental in fully computerizing the QA/UR function, including two separate research projects designed to monitor hospital-wide surgical complications and infection control activity.

Ms. Delaney is President-Elect of the Massachusetts Chapter of the National Association of Quality Assurance Professionals. She is a graduate of St. Elizabeths School of Nursing and received a B.A. in philosophy from Emmanuel College and an M.A. in philosophy with a concentration in medical ethics from Boston College.

M. Matthew Klionsky, M.D., M.B.A.
Physician DRG Coordinator - National DRG Validation Study

Matthew Klionsky was a Senior Scientist at HDI and a DRG consultant to this Study. He was responsible for designing the newest version of HDI's MedUse^{SM} analysis and has participated in the design of many other products.

Before coming to HDI, Dr. Klionsky was an emergency room physician and filled managerial as well as medical functions with a freestanding emergency center. Concurrent with his clinical work, Dr. Klionsky did occasional freelance consulting, including a project concerning the viability of PPO (preferred provider organization) formation in South Dakota.

Dr. Klionsky began undergraduate work in mathematics at Carnegie Mellon University. Subsequently, he transferred to Brandeis University where he completed a B.A. in chemistry. Dr. Klionsky attended Hahnemann Medical College, from which he received an M.D. in 1979. Following his postgraduate medical training at SUNY, Binghamton, New York, Dr. Klionsky attended the University of Chicago Business School and graduated with an M.B.A. in 1982, with a concentration in health care and finance.

Jennifer Daley, M.D.
Physician Clinical Coordinator - National DRG Validation Study

Dr. Jennifer Daley is a clinical consultant to the Clinical Audit Division at HDI. Concurrently, Dr. Daley is an instructor of medicine at Harvard Medical School and an associate physician at Beth Israel Hospital, Division of General Internal Medicine. She was responsible for developing, implementing and monitoring a computerized ambulatory medical record and encounter system used in the ambulatory medical practice of the New England Medical Center.

From 1983 to 1985, Dr. Daley was a consultant to the New England Medical Center Management Project. Her work focused on case mix analysis (DRGs, severity, staging) of hospital discharges, matrix managment of teaching hospitals health care cost containment, and studies of hospital inefficiency. Since 1985, she has been a Kaiser Fellow in General Medicine at Harvard University. She has also been a visiting lecturer at Northeastern University, Tufts University, and the Episcopal Divinity School, Cambridge.

Dr. Daley attended Pembroke College, Brown University, from which she graduated magna cum laude, with honors in human studies. She was also Phi Beta Kappa. While continuing her education at Tufts University School of Medicine, she received The Dameshek Award for Excellence in Clinical Medicine. Her residencies and internship were completed at the New England Medical Center. Dr. Daley is board certified in internal medicine.

Joseph Yarmus, M.S.
Statistician, Senior Scientist - National DRG Validation Study

Mr. Yarmus is a statistician and senior scientist at HDI, and directs the Clinical Audit Division's data analysis tasks. A highly skilled statistician, Mr. Yarmus also has extensive computer and data skills. Mr. Yarmus has considerable experience with the federal government through his years as a Senior Operations Research Analyst with the Department of Transportation.

Mr. Yarmus received his B.S. in mathematics from the State University of New York at Stony Brook, and his M.S. and A.B.D. in transportation planning and engineering from the Polytechnic Institute of New York.

Janice D. Walker, R.N., M.B.A.
Nursing Coordinator - National DRG Validation Study

Janice Walker is Unit Manager responsible for the Equicor MedBenefit Unit at HDI. The Equicor unit models consumer response to both changes in health care benefits design and implementation of utilization control programs. Ms. Walker previously served as the project manager in HDI's Audit Division, where she participated in the National DRG Validation Study and worked with the Appropriateness Evaluation Protocol tool to monitor hospital utilization appropriateness.

Ms. Walker was formerly employed by Massachusetts General Hospital where she completed an internship in fiscal affairs and by Boston City Hospital. There she was head nurse of the coronary care and progressive care units. She has an M.B.A. from Boston University and a B.S.N. from the University of Kansas.

Laurie Moore, R.R.A.
Project Manager - National DRG Validation Study

Ms. Moore is a project manager and coordinates medical record data abstracting activities. Prior to joining HDI, Ms. Moore worked in acute care hospitals for five years and at MediQual Systems, Inc. She also has worked as an ICD-9-CM coding consultant. She is a member of the Massachusetts Medical Record Association's 'ICD-9-CM Committee' and a former member of the District of Columbia Medical Record Association's 'Data Quality Committee.' She graduated from Colby-Sawyer College and completed the U.S. Public Health's Health Record Administration Program.

NATIONAL VALIDATION STUDY
REGIONS AND STATES THEY INCLUDE

REGION	STATE
1	Maine, New Hampshire, Vermont, Rhode Island, Connecticut
3	Pennsylvania, District of Columbia, Virginia, West Virginia
4	Kentucky, Tennessee, North Carolina, Mississippi, Alabama, Georgia, Florida, South Carolina
5	Minnesota, Wisconsin, Michigan, Illinois, Ohio, Indiana
6	New Mexico, Oklahoma, Texas, Arkansas, Louisiana
7	Nebraska, Iowa, Kansas, Missouri
8	Montana, North Dakota, South Dakota, Wyoming, Utah, Colorado
9	California, Nevada, Arizona
10	Idaho, Oregon, Washington, Alaska

OPERATIONAL DEFINITIONS/ABBREVIATIONS

The operational "definitions" and abbreviations listed below are from several sources. They serve to assist anyone not fully familiar with the terminology used in this study. The sources include the September 1, 1983 Federal Register, Volume 48 Number 171, the Prospective Payment Assessment Commission Report, April 1, 1986, and other Health Care Financing Administration (HCFA) publications and definitions currently in use by The Health Data Institute.

American Medical Record Association (AMRA). - A national association (with state associations) which represents those who practice the medical record profession. Its functions include continuing education of members, accreditation or registration of members, a monthly journal, lobbying for or against legislation affecting the profession, and the direction of curriculums.

ART Coders. - Accredited Records Technicians.

Attestation Sheet. - Form on which the attending physician documents the principal and secondary diagnoses, and the principal and secondary procedures which pertain to that particular admission. This form must contain the statement "I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge." It must be signed and dated by the attending physician. The attestation form can be either the face sheet, a computer "Grouper" produced document, or a separate form entirely. The type of form varies from hospital to hospital.

AUTOAUDIT©. - Computerized enhanced version of the Appropriateness Evaluation Protocol.

Appropriate Admission. - Cases where the AEP criteria are met and the RN reviewer and/or physician reviewer did not override the criteria. For this study the whole admission was reviewed only if the admission day was found to be inappropriate.

BDMS. - Bureau of Data Management and Strategy.

Beneficiaries. - The recipient of Medicare benefits.

Blood Loss or Anemia. - A reduction below normal in the number of erythrocytes per cubic millimeter, in the quantity of hemoglobin, or in the volume of packed red cells per 100 milliliters of blood which occurs when the equilibrium between blood loss and blood production is disturbed.

CC or cc. - Comorbidity/Complication (see individual definitions).

CMI. - Case Mix Index.

Case Mix. - The mix of patient types treated within a particular institutional setting, such as the hospital. Patient classification systems, such as the DRG system, can be used to measure hospital case mix. As a result, patient classification systems are also known as case mix measures or case mix systems. (ProPAC, revised)

Case Mix Index (DRG Case Mix Index). - A measure of the costliness of cases treated by a hospital relative to the cost of the national average of all Medicare hospital cases, using diagnosis-related group (DRG) weights as a measure of relative costliness of cases. (HCFA)

Center for Disease Control (CDC). - An organization within HEW serving as a focal point for disease control and public health activities. Activities focus on the improvement of the health care system through emphasis on prevention and investigations, surveillance and control operations.

Chronic Bronchitis. - The condition is characterized by excessive secretion of bronchial mucus and is manifested by productive cough for three months or more in at least two consecutive years in the absence of any other disease that might account for these symptoms.

Chronic Obstructive Pulmonary Disease (COPD). - The term COPD identifies patients with emphysema (type A COPD) or chronic bronchitis (type B COPD). Although emphysema and chronic bronchitis must be diagnosed and treated as specific diseases, most patients with COPD have features of both conditions.

Classification. - The act or process of systematically arranging in groups or categories according to established criteria. Under PPS, patients are classified into disease categories using the ICD-9-CM classification system and then further grouped into diagnosis related groups. (ProPAC)

Comorbidity. - A preexisting condition that will, because of its presence with a specific principal diagnosis, increase length of stay by at least one day in approximately 75 percent of cases. For the purposes of PPS, HCFA has defined a set of conditions which are considered comorbidities. (HCFA)

Complication. - A condition that arises during the hospital stay that prolongs length of stay at least one day in approximately 75 percent of cases. For the purposes of PPS, HCFA has defined a list of conditions which are considered complications. (HCFA)

Congestive Heart Failure (CHF). - A clinical syndrome due to heart disease and characterized by breathlessness and abnormal sodium and water retention, resulting in edema. The congestion may occur in the lungs or in the peripheral circulation, or in both, depending on whether the heart failure is right-sided, left-sided, or general.

Days of Care, Inappropriate. - Inappropriate days of care were identified by reviewing the 24 hours preceding the discharge date. All cases failing to meet the AEP criteria or having been overridden by a nurse reviewer were deemed inappropriate days of care.

Department of Health, Education and Welfare (DHEW). - This department encompassed a large number of health care agencies including Medicare, Medicaid, the Center for Disease Control, and the National Center for Health Statistics. This agency was renamed Health and Human Services.

Department of Health and Human Services (DHHS). - A Cabinet level department of the Federal executive branch most concerned with people and most involved with the Nation's human concerns. It is literally a department of people serving people. This encompasses the Health Care Financing Administration and the Office of Inspector General.

Diabetes Mellitus. - Clinical diabetes mellitus represents a syndrome with disordered metabolism and inappropriate hyperglycemia due to either an absolute deficiency of insulin secretion or a reduction in its biologic effectiveness or both.

Diagnosis-Related Groups (DRGs). - A system for determining case mix. Originally developed by researchers at Yale University, the DRG system index classifies patients into groups based on the International Classification of Diseases, the presence of a surgical procedure, patient age, presence or absence of significant comorbidities or complications, and other relevant criteria. The DRG classification attempts to categorize patients into clinically coherent and homogeneous groups with respect to resource use. PPS currently uses 468 mutually exclusive DRGs to classify patients and determine case mix. The first 467 DRGs and DRG 471 represent categories wherein the principal procedure is consistent with the principal diagnosis assigned to the patient. DRG 468 represents cases in which the principal procedure is unrelated to the valid principal diagnosis. DRG codes 469 and 470 may be assigned if the fiscal intermediary finds certain errors in bills submitted by hospitals. When this occurs, the bills are returned to the hospital for correction. DRGs 469 and 470 are not used as a basis of payment. (ProPAC)

Diagnosis-Related Group Weight. - A number which is intended to reflect the relative resource consumption associated with each DRG. That is, each DRG weight reflects the average cost across all hospitals of treating cases classified in that DRG compared to the average cost for all DRGs. For fiscal year 1986, the DRG weights range from 0.1137 for DRG 382 (false labor) to 7.5688 for DRG 457 (extensive burns). DRG 438 is no longer a valid DRG because of the reclassification of cases in DRGs 433-437. Because Medicare does not cover heart transplants, DRG 103 has not been assigned a weight. (ProPAC, revised)

Discharge. - A hospital inpatient is discharged when: (1) the patient is formally released from the hospital (except when transferred to another hospital under the prospective payment system-see Transfer); (2) the patient dies in the hospital; or (3) the patient is transferred to a hospital or unit that is excluded from the prospective payment system. (FR 39818)

Discharge, Premature. - The following instructions were given to the RNs who referred cases to HDI physicians for final determination of a premature discharge. In addition to unique case specific findings, nurses were asked to consider whether the patient was discharged without documentation of improved clinical status, paying careful attention to omit appropriate terminally ill transfers and to look for planned care after discharge that is normally done on an inpatient basis. All cases where the attending physician noted that the patient expired after discharge were referred for physician review.

Emphysema. - The term denotes permanent and abnormal enlargement of the acinus, with destruction of alveolar walls.

GNP. - Gross National Product.

Grouper. - Under PPS, a computer program used by the Fiscal Intermediary to assign discharges to the appropriate DRG using information abstracted from the inpatient bill. (ProPAC)

Health Care Financing Administration (HCFA). - HCFA places under one Administration the oversight of the Medicare and Medicaid Programs and related Federal medical care quality control staffs. It was established 3/8/77.

Hospital Bed size. - As defined by the number of beds in sampled hospitals at the time the sample was generated.

Hospital Blended Payment Rate. - The hospital specific amount by which DRG weights are multipled to determine reimbursement. During the phase in period of PPS, that amount is a blend of a hospital-specific component (based on the hospital's historical costs) and a federal component.

Hypertension. - Persistently high arterial blood pressure. Various criteria for its threshold have been suggested, ranging from 140 millimeters Hg. systolic and 90 millimeters Hg. diastolic, to as high as 200 millimeters Hg. systolic and 110 millimeters Hg. diastolic.

Iatrogenic Illness. - Any illness that resulted from a diagnostic procedure or from any form of therapy. In addition, we included harmful occurrences (for example, injuries from a fall or decubitus ulcers) that were not natural consequences of the patient's diseases. However, the term "iatrogenic" should not be construed to mean that there was any culpability on the part of the physician or hospital, or that the illness was necessarily preventable.

Inappropriate Admission. - Case where the immediate 24 hours following the admission failed to meet the AEP criteria and the physician reviewer agreed the whole admission was inappropriate. Inappropriate cases were also identified by criteria alone, independent of the nurse or physician overriding the presence or absence of an AEP criteria. Where this calculation took place it is clearly identified.

Inappropriate Procedure. - Procedures which were performed when there was no clinical evidence in the medical record to indicate their necessity. The RN's referred to the MD only cases involving invasive procedures; i.e., endoscopes, arteriographs, cardiac catheterization, etc. Simple x-rays, laboratory studies, etcetera were not reviewed for inappropriateness unless a hospital and/or physician demonstrated a definite pattern.

Intermediary (Fiscal Intermediary). - An entity that has a contract with HCFA to determine and make Medicare payments for Part A or Part B benefits and to perform other related functions. (HCFA)

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). - A system for classifying diseases and procedures to facilitate collection of uniform and com-

patible health information. The disease classification is revised every ten years, and the ICD-9 is the ninth version. This system is the basis for grouping patients into DRGs. (HCFA)

MPH Degree. - Masters of Public Health.

Major Diagnostic Category (MDC). - With the DRG Classification system, there are 23 Major categories based on body system involvement and disease etiology. DRGs fit into one of the MDCs. (ProPAC)

Medicare Code Editor (MCE). - A computer program used by the Fiscal Intermediary that all Medicare claims are submitted to in order to edit age, sex, and disposition as well as identification of invalid principal diagnoses prior to "grouping". The purpose is to identify cases that require further review before classification into a DRG.

Morbidity. - A diseased state; often used in the context of a "morbidity rate," i.e., the rate of disease or proportion of diseased persons in a population. In common clinical usage, complications or comorbidities are referred to as morbidity.

National Center for Health Statistics (NCHS). - This department collects, analyzes, and disseminates health statistics on vital events and health activities to reflect the health status of people, health needs, and health resources; stimulates and conducts basic and applied research in health data systems and statistical methodology; provides national leadership in health statistics and epidemiology; and fosters research, consultation, and training programs in international statistical activities.

National Goal. - A desired level of behavior not directly derived by statistical data.

OASI. - Old Age and Survivors' Insurance Trust Fund.

Outlier. - A patient who has either extraordinarily higher costs (cost outlier) or an extensive length of stay (day outlier) as compared with the pre-established "norm" for each DRG. Potential exists for additional reimbursement for these cases after PRO review.

PPS. - Prospective Payment System.

Patient Bill File (PATBILL). - A HCFA data file which contains billed charge data and clinical characteristics such as principal diagnosis and principal procedures for all Medicare inpatient hospital bills. (ProPAC)

Peer Review Organizations (PROs). - Successor organizations to Professional Standards Review Organizations (PSROs), which perform medical peer review of Medicare claims, including review of validity of hospital diagnosis and procedural information; completeness, adequacy, and quality of care; appropriateness of admission and discharge; and appropriateness of PPS outlier cases. A PRO is composed of (or has available to it) a substantial number of MDs or Doctors of Osteopathic Medicine to carry out the review. HCFA contracts for PRO review for all

Medicare patients in a specified geographic area; in the absence of a PRO, the fiscal intermediary performs these reviews. (ProPAC)

Premature Admission. - Case where the admission day failed to meet the AEP criteria, was not overridden, and a physician determined the admission was necessary but premature. Typically these cases were where the initial work up could have been safely managed on an outpatient basis prior to a surgical procedure.

Principal Diagnosis. - That condition which after study is determined to be the reason chiefly responsible for occasioning the admission of the patient to the hospital. (FR 39761)

Principal Procedure. - The principal procedure is: (1) the one most related to the principal diagnosis; or (2) the one which was performed for definitive treatment rather than performed for diagnostic or exploratory purposes, or was necessary to treat a complication. If only one procedure is performed it is considered the principal procedure. (HCFA)

Prospective Payment (Pricing). - A method of paying for health care services in which: (1) full amounts or rates of payment are established in advance; and (2) providers are paid these amounts or rates regardless of the costs they actually incur. A distinction is sometimes made between payment and pricing based on whether payment is made in advance for services or whether the price is simply set in advance. (ProPAC)

Prospective Payment Commission (ProPAC). - Organized at the time of the prospective payment system to make recommendations to the Secretary of HHS with respect to adjustments to the DRG classification weighting factors, and to report to Congress with respect to its evaluation of any adjustments made by the Secretary. (Federal Register)

Quality of Care. - Cases referred by RNs to MD review are monitored against the Rand Quality Scoring method. This involves a rating from 1-5 on four categories.

Guide:

> Adequacy of diagnosis: Did work-up establish reasonable basis for diagnosis (lower score for over or under evaluation)?
>
> Adequacy of Treatment: Was therapy appropriate to patient's clinical conditions (not was treatment appropriate to doctor's diagnosis)?
>
> Parsimony: Is the clinical information path (acquisition and evaluation) logical, direct, and devoid of sidetracks?
>
> Technology: Is technical level of diagnosis and treatment approach well suited to patient condition?

An overall score is assigned by the physician based on a subjective "gestalt" of the impact of care provided and the supporting evidence or lack of it in the medical record.

RRA Coders - Registered Records Administrators

Rand Quality Score:

1 Malpractice or borders on malpractice
2 Below standard
3 Acceptable
4 Competent
5 Superb

All cases receiving a 1 or 2 overall score are reduced to a narrative case summary and become a case reported for poor quality in this study.

Random Sampling. - Selection of a subset from a population by a process using random numbers or an equivalent process usually for the purpose of studying units of the selected sample. "Expert" choice of a representative sample is not a random sample. Random sampling requires that all units on the frame have a known probability of selection, greater than zero and less than one.

Region. - Region designations were supplied by the OIG office. They are geographic designations accepted by various agencies in interpreting National Statistical Data. This study did not take regional differences into account in its sampling strategy. The data is formatted for descriptive purposes only.

Sequencing. - The positioning of ICD-9-CM codes for both procedures and diagnosis. This position effects the selection of DRGs in some instances.

TEFRA. - Tax Equity and Fiscal Responsibility Act of 1982.

Transfer. - For the purposes of PPS, a transfer is defined as the movement of a patient: (1) from one inpatient area or unit of the hospital to another area or unit of the hospital: i.e., from a medical or surgical service to a separate psychiatric unit or a swing bed instead of a skilled nursing home; (2) from the care of a hospital paid under prospective payment to the care of another such hospital; or, (3) from the care of a hospital under prospective payment to the care of a hospital in an approved statewide cost control program. (FR 39818)

Transfer, Inappropriate. - RNs referred for MD review all cases where they suspected a transfer within a facility to a swing bed or to another facility was not clearly justified. They were not allowed to approve a transfer on purely social grounds without an MD approval.

Transient Ischemic Attacks (TIAs). - Transient ischemic attacks are characterized by focal ischemic cerebral neurologic deficits that last for less than 24 hours (usually less than 1-2 hours).

Uniform Hospital Discharge Data Set (UHDDS). - A defined set of data, developed from the Uniform Hospital Abstract Minimum Data Set, that gives a minimum description of a hospital episode or admission. The UHDDS includes data on the age, sex, race, and residence of the patient; length of stay; diagnosis; responsible physicians; procedures performed; disposition of the patient; and source of payment. The UHDDS was originally developed by the National Center for Health Statistics. Since 1974, the Department of Health and Human Services has used the UHDDS to assemble information on patients in the Medicare and Medicaid programs. (ProPAC, revised)

Urban/Rural. - This designation was supplied to us by OIG. It is reflective of the locations of the hospitals according to the list of Standard Metropolitan Statistical Areas.

Uremia.- The retention of excessive by-products of protein metabolism in the blood, and the toxic condition produced thereby. It is marked by nausea, vomiting, headache, vertigo, dimness of vision, coma or convulsions, and an azotemic odor of the breath. It is due to nephron function inadequate to excrete urea and other products of protein metabolism.

Urinary Tract Infection. - Denotes a wide variety of clinical entities in which the common denominator is the presence of a significantly large number of microorganisms in any portion of the urinary tract.

Validity. - The degree to which data or results of a study are correct or true; the extent to which a situation as observed reflects the true situation.

Weighted Frequency. - The product of the DRG weight and the number of discharges assigned to that DRG.

Variance Estimates for the Overall Findings

The report includes estimates for the population (case weighted) of the volumes of events, such as DRG changes, inappropriate admissions. It is natural to ask how good are the estimates. Typically, from a purely statistical viewpoint, this has two components:

- How close is the true value to the estimate (the confidence interval for the estimate)?
- How confident are we that the true value is within the confidence interval?

Other nonstatistical issues are also important:

- How well defined is the event which is being measured. E.g., what is an inappropriate admission and how well do we agree on its characteristics?

The statistical issues addressed in this Appendix relate to the reproducibility of the results under conditions approximating those of the Study if like analysis were to be applied to the non-sampled portion of the population.

Normal theory indicates that we are 95 percent confident that the true mean lies within an interval of two standard deviations about the estimate. Thus, the problem becomes one of estimating the standard deviation of the estimates from the sample data using standard statistical procedures.

This process involves considerable computation and, considering the number of estimates in the study, it would be impractical to attempt to analyze each estimate in the Study. Thus, the Appendix only directly shows results for the estimates of:

- DRG changes.
- DRG changes to lower weight.
- DRG changes to higher weight.
- Inappropriate Admissions.
- Quality Problems.

The analysis includes confidence intervals for both rates and volumes. Furthermore, bed size classes are considered separately and for the population in total. In addition, this Appendix develops a "rule of thumb" approach for roughly determining when two event volumes are significantly different. The reader can then make a quick approximate assessment of statistical significance for any two volumes of interest in any of the tables of this report: e.g., inappropriate admissions for patients admitted for workup/evaluation in small hospitals (161,000) versus large hospitals (191,000) using the table in this Appendix as described below.

Methods of Computation

The method employed for computing the variance of population estimates is a modification of the methods presented in Chapter 10 of *Sampling Techniques* (Cochran 1977). The techniques employed are Cochran's techniques for two-stage stratified sampling with primary units of equal size or nearly equal size (hospitals with equal annual cases) within each stratum (bed size class) when the sample sizes for the secondary units (the specific hospitals) are equal. Data on the number of Medicare cases was not available on a hospital-by-hospital basis. Thus, it was necessary to assume that each hospital in a bed size class had the same level of annual cases, e.g., the

primary units were of equal size. Furthermore, the sample design was for 30 cases to be sampled from each hospital. In practice, there were some small deviations from the sample design. Nevertheless, it was felt that the Cochran methods, with the modifications described below, would be adequate.

Cochran gives as an unbiased estimator of the variance for each stratum, under the aforementioned conditions (pp. 278):

- $V(yh) = \frac{(1-f_1)*s_{12}}{n} + \frac{f_1*(1-f_2)*s_{22}}{(m*n)}$

where,

- $v(y_h)$ = The variance of mean for bed size class h.
- f_1 = The number of hospitals in the sample divided by the number of hospitals in the population (within the bed size class).
- f_2 = The number of cases sampled within each selected hospital divided by the population of (total annual) cases within each selected hospital (assumed to be the same for all hospitals in the bed size class).
- s_1^2 = The between hospital variance.
- s_2^2= The average within hospital variance.
- n = The number of selected hospitals in the bed size class.
- m = The number of sampled cases at the selected hospital.

Computation of f_1 is straightforward from the data in Table 3-1. For example, for the less than 100 bed size class f_1 is:

- $f_1 = 79/2536 = 0.0312$.

Computation of f_2 was approximated by dividing the average number of sampled cases in each hospital by the average number of cases in each hospital in the population (within the bed size class). For example, for the less than 100 bed size class f_2 was approximated as:

- $f_2 = (2276/79) / (1{,}522{,}426/2536) = 0.0480$.

Computation of s_1 was done as in the following example. Consider inappropriate admissions. The average rate of inappropriate admissions was computed for each selected hospitals. Then, the variance of these rates was computed using standard statistical formulae.

Computation of s_2 was done as in the following example. Inappropriate admissions were considered as a variable taking on two possible values:

- 0 when the admission was appropriate.
- 1 when the admission was inappropriate.

The variance was computed for each selected hospital in the bed size class using standard statistical formulae. These variances were then averaged to produce a mean within hospital variance for the bed size class.

The variance was then computed for each bed size class for each rate (e.g., the inappropriate admission rate, the DRG change rate, etc.). Then the population variance (Cochran 1977, pp. 289) was computed for each rate as:

- $v(y_{pop}) = sum_h(W_{h2} * v(y_h))$

where,

- $v(y_{pop})$ = The population variance for the rate.
- W_h = The number of cases in the population in bed size class h divided by the total number of cases in the population.

For bed size class less than 100 beds, W_h is:

- W_h = 1,522,426/8,277,000 = 0.1839.

To compute the variance for the bed size class volumes (e.g., the volume of inappropriate Medicare admissions in the nonwaiver state acute-care facilities with less than one hundred beds), the variance of the bed size class rate was multiplied by the square of the number of cases in the population in the bed size class. To compute the variance for the population volumes (e.g., the volume of inappropriate Medicare admissions in the nonwaiver state acute-care facilities total), the variance of the population rate was multiplied by the square of the number of cases in the population.

DRG Changes

Resu...

The analysis found, with 95 percent confidence, that the true mean population rate and volume of DRG changes lies within plus or minus 6.5 percent of the sample estimated value. The mean rate is 18.6 plus or minus 1.2 percent. (Note that 1.2/18.6=.065 or 6.5 percent). The volume of DRG changes is 1,537,000 plus or minus 99,000. Estimates by bed size class were accurate to within plus or minus 9.9 percent (small hospitals), plus or minus 10.7 percent (medium hospitals), and plus or minus 11.5 percent (large hospitals) respectively.

DRG Changes to Lower Weight

The analysis found, with 95 percent confidence, that the true mean population rate and volume of DRG changes to lower weight lies within plus or minus 8.0 percent of the sample estimated value. The mean rate is 11.1 plus or minus 0.9 percent. The volume of DRG changes to lower weight is 921,000 plus or minus 74,000. Estimates by bed size class were accurate to within plus or minus 13.1 percent (small hospitals), plus or minus 13.7 percent (medium hospitals), and plus or minus 14.0 percent (large hospitals) respectively.

DRG Changes to Higher Weight

The analysis found, with 95 percent confidence, that the true mean population rate and volume of DRG changes to higher weight lies within plus or minus 9.9 percent of the sample estimated value. The mean rate is 7.4 plus or minus 0.7 percent. The volume of DRG changes to higher weight is 616,000 plus or minus 61,000. Estimates by bed size class were accurate to within plus or minus 18.2 percent (small hospitals), plus or minus 15.8 percent (medium hospitals), and plus or minus 16.7 percent (large hospitals) respectively.

Inappropriate Admissions

The analysis found, with 95 percent confidence, that the true mean population rate and volume of inappropriate admissions lies within plus or minus 10.3 percent of the sample estimated value. The mean rate is 10.0 plus or minus 1.0 percent. The volume of inappropriate admissions is 830,000 plus or minus 85,000. Estimates by bed size class were accurate to within plus or minus 20.1 percent (small hospitals), plus or minus 18.0 percent (medium hospitals), and plus or minus 15.7 percent (large hospitals) respectively.

Quality Problems

The analysis found, with 95 percent confidence, that the true mean population rate and volume of quality problems lies within plus or minus 15.1 percent of the sample estimated value. The mean rate is 5.5 plus or minus 0.8 percent. The volume of quality problems is 459,000 plus or minus 69,000. Estimates by bed size class were accurate to within plus or minus 21.5 percent (small hospitals), plus or minus 28.5 percent (medium hospitals), and plus or minus 28.9 percent (large hospitals) respectively.

Statistical Significance of Volume Differences

The variance of the difference between two volume estimates is the sum of the variances of the two estimates. Thus, its standard deviation is the square root of the sum of the variances. A volume difference is statistically significant (i.e., not zero) with 95 percent confidence when it exceeds twice the standard deviation of the difference.

For example, the difference between the estimated volume of DRG changes at small hospitals and the estimate volume of DRG changes at large hospitals is:

- 604,000 - 360,000 = 244,000

The variance of the difference in the two volumes is:

- (17,900*17,900)+(34,800*34,800)=1,531,450,000

The standard deviation of the difference is 39,100. Two standard deviations is therefore 78,200. Thus, since 244,000 is greater than 78,200 the difference is statistically significant.

A Rule of Thumb for Significant Volume Differences

Computing the statistical significance of volume differences for every possible combination of differences in the tables of this report would be extremely costly and, if the results were included in this report, it would make the report voluminous. However, it would be useful to have an idea as to what level of volume differences are likely to be significant.

If the sample was a simple random sample, instead of a two-stage cluster stratified random sample, then the variance of a volume estimate would be:

- $v(m_{pop}) = n_{pop}^2 * p * q / n_{samp}$

where,

- $v(m_{pop})$ = variance of the estimated population volume of events

- n_{pop} = Number of cases in the population.
- m_{pop} = Number of events in the population.
- n_{samp} = Number of cases in the sample.
- p = m / n
- q = 1 - p.

Then, to determine the significance of a difference of two volume estimates, e.g., $m_1 - m_2$, let

- m_{1spop} = Number of events in volume estimate number 1
- m_{2spop} = Number of events in volume estimate number 2
- n_{1spop} = Number of cases in sub-population 1
- n_{2spop} = Number of cases in sub-population 2
- n_{1samp} = Number of cases in Sample for sub-population 1
- n_{2samp} = Number of cases in Sample for sub-population 2
- $k = m_{1spop} - m_{2spop}$.
- $p_1 = m_{1spop} / n_{1spop}$.
- $p_2 = m_{2spop} / n_{2spop}$.

Thus the variance of the difference would be:

- $var(m_1 - m_2) = n_{1spop}^{2} * p_1 * q_1 / n_{1samp} + n_{2spop}^{2} * p_2 * q_2 / n_{2samp}$.

The standard deviation of the difference would be the square root of the variance. The level of difference that would be statistically significant is twice the standard deviation.

Typically, event rates are from 5 to 20 percent. If we assume that $p_1 = p_2 = 0.15$, then we can readily calculate the required statistically significant difference k for various levels of sub-population levels. If there is a relatively fixed ratio between the standard deviation for the two-stage cluster stratified sample and a simple random sample, then we can derive approximate levels of significant difference for various subpopulation sizes.

Assume that:

- R = The ratio of the standard deviations of the two-stage cluster sample to a simple random sample.
- $p_1 = p_2 = 0.15$
- $q_1 = q_2 = 0.85$
- $n_{1spop} = n_{2spop}$
- $n_{1samp} = n_{2samp} = (n_{1spop}/8{,}277{,}000) * 7050$
- k = the minimum statistically significant difference

Precise interpretation of the assumptions concerning the event rates, sample sizes and subpopulation sizes leads to the conclusion that the difference between the volume of events for the two subpopulation is zero. However, precise interpretation is not the point here, the assumptions are equivalent to assuming that the variance does not change much for the rates and volumes of events and volume of cases being compared.

With the above assumptions, the variance of the difference is:

- $var_{diff} = R^{2} * (p_1 * q_1 / n_{1samp}) * (2 * n_{1spop}^{2})$.

Letting

- $F = 2*R^2*p_1*q_1/(7,050/8,277,000)$.

Then,

- $var_{diff} = f^*(n_{1spop})$.

Therefore the standard deviation of the difference is:

- $std_{diff} = sqrt(f^*(n_{1spop}))$.

and, the minimum statistically significant volume difference, k, is:

- $k = 2*std_{diff} = 2*sqrt(f^*(n_{1spop}))$.

Where,

- sqrt = square root.

The comparison of standard deviations was performed for the inappropriate admissions in total and by bed size class, the DRG change rate in total, and by bed size class, and for the quality problem rate in total, and by bed size class. The ratios were relatively constant, varying between 1.2 and 1.8.

If we assume the ratio to be 1.8 and $p_1 = p_2 = 0.15$, then if the approximate minimum level of difference among sub-populations for a statistically significant difference is:

Minimum Statistically Significant Volume Differences

m_{1spop}	n_{1spop}	n_{1samp}	k (Percent)	k/m_{1spop}
75,000	500,000	426	44,000	(59)
150,000	1,000,000	851	62,000	(42)
225,000	1,500,000	1,278	76,000	(34)
300,000	2,000,000	1,704	88,000	(29)
600,000	4,000,000	3,407	125,000	(21)
1,200,000	8,000,000	6,814	176,000	(15)

Using the Table

The above table represents rough rules of thumb to provide a quick guide to the reader. For example, a determination regarding the statistical significance of the difference in the volume of inappropriate admissions for patients admitted for workup evaluations in small hospitals (161,000) versus large hospitals (191,000) can be made as follows. Note (Table 5-3) that the sample case volume is 1,903 for the small hospitals and 1,704 for large hospitals. The average of these two sample case volumes is approximately 1,800. Comparing the average sample case volume (1,800) with the third column in the table, observe that 1,800 is closest to 1,704. Thus, the minimum statistically significant difference is approximately 88,000 cases. The observed difference in inappropriate admissions for the two bed size classes was:

191,000 - 161,000 = 30,000.

Thus, the inappropriate admission volume difference is not statistically significant.

CODING GUIDELINES FOR SPECIFIC DIAGNOSES

*Note: Definitions for coding purposes only; not necessarily related to medical diagnoses.

I. UTI - in order to confirm the diagnosis, any of the following are sufficient:
   A. Culture-proven growth of pathogen with colony count $>10^5$
   B. In the absence of growth (above), look for
      1. Acute symptoms specific to urinary tract (urgency, frquency, pain, hematuria)
      2. In absence of specific symptoms (above) look for
         a) U/A with >3-5 WBC (pyuria) and more than 'trace' bacteria
         and presence of non-specific infectious symptoms (N/V/fever/chills)
         and lack of evidence of other infectious site (e.g., pneumonia)
         and diagnosis suspected/listed by attending

II. TIA - the chart must document a new focal neurologic deficit (motor or sensory) (limited to a body function or anatomic region) with onset and complete resolution within 36 hours. If the deficit persists, it is valid to code a CVA.

III. COPD/Asthma
   A. New diagnosis requires confirmation by x-ray or PFTs.
   B. Pre-existing diagnosis is sufficiently established by history alone, but must appear in a historical context (nursing home transfer sheet, admission note, H and P, problem list, history review section of discharge summary). X-ray, PFT findings are also acceptable. Appearance of COPD diagnosis without support on AT sheet or d/c summary is not enough unless a history of cigarette smoking also appears in the chart.
   C. Diagnosis of Asthma is rarely correct in elderly patients. Acceptable criteria include history of longstanding asthma, or evidence that the disease is reversible.
   D. A history of atopy (allergy) is required to code extrinsic asthma.

IV. Diabetes
   A. Presence of diagnosis documented by attending's suspicion and
      1. (if new) - BS>180 (not on IV fluids), abnormal Glucose Tolerance Test, symptoms (see IV-B-2), or urine sugars >2+,
      2. (if pre-existing) - mention of therapy (diet, insulin, oral agent) or Def. B.
   B. Out-of-control documented by either
      1. BS<60 or BS>250 and evidence of BS measurement and treatment adjusted daily, or
      2. symptoms of polyuria, polydipsia, polyphagia, ketoacidosis, coma, hyperosmosis.
   C. Note: patient discharged on oral meds or diet only is not CC for DRG purposes.

V. Hypertension

A. Malignant requires designation (including 'hypertensive crisis') by MD and either

1. any diastolic >140 or
2. diastolic above 95, rising or fluctuating, and description of symptoms of papilledema, progressive visual impairment, or progressive CHF.

B. The designation 'out-of-control' has no meaning in the ICD-9 system. Code according to other criteria (essential, malignant, etc.).

C. If longstanding, history in context is sufficient. Note that benign/essential HT alone is not CC for DRG purposes.

D. Only code "CHF due to HT" if specifically stated as such by attending.

E. Code 'secondary', 'heart', 'renal', or 'heart and renal' only if a clinical description clearly supports the designation.

VI. Uremia

A. Elevation of BUN without symptoms is azotemia, not uremia.

B. High or rising BUN with symptoms is uremia.
Accept: grey-discolored skin, any BUN>80, requirement for dialysis, encephalopathy (somnalence, coma, seizures), Nausea/vomiting.

VII. Blood loss anemia

A. Always requires HB<11, HCT<36 unless active, rapid, visible red-blood loss.

B. Acute - documentation of injury with bleeding or description of red blood loss via GI or GU tract.

C. Chronic - blood in stool (hematest) or urine analysis, or description of black tarry stools and mention by attending.

VIII. CHF

A. Only code as 'due to' hypertension if specifically stated as such.

B. Do not code on history alone; patient must have evidence of active CHF documented during present admission to justify coding.

NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
95 PERCENT CONFIDENCE BOUNDS ON THE RATE OF
DRG CHANGES
BY BED SIZE CLASS

BED SIZE	DRG CHANGES	STANDARD DEVIATION	LOWER CONFIDENCE BOUND	UPPER CONFIDENCE BOUND	CONFIDENCE INTERVAL +/-	CONFIDENCE INTERVAL PERCENT
TOTAL	0.185754	0.0059970	0.173759	0.197748	0.0119941	6.4570
<100	0.236380	0.0117321	0.212915	0.259844	0.0234641	9.9265
100-299	0.184673	0.0098553	0.164963	0.204384	0.0197105	10.6732
300+	0.165549	0.0095254	0.146498	0.184600	0.0190508	11.5076

NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
95 PERCENT CONFIDENCE BOUNDS ON THE VOLUME OF
DRG CHANGES
BY BED SIZE CLASS

BED SIZE	DRG CHANGES	STANDARD DEVIATION	LOWER CONFIDENCE BOUND	UPPER CONFIDENCE BOUND	CONFIDENCE INTERVAL +/-	CONFIDENCE INTERVAL PERCENT
TOTAL	1537482	49637.5	1438207	1636757	99274.9	6.4570
<100	359871	17861.2	324148	395593	35722.4	9.9265
100-299	573578	30609.6	512359	634797	61219.1	10.6732
300+	604033	34755.0	534523	673543	69510.0	11.5076

NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
95 PERCENT CONFIDENCE BOUNDS ON THE RATE OF
CHANGES TO HIGHER WEIGHT
BY BED SIZE CLASS

BED SIZE	CHANGES TO HIGHER WEIGHT	STANDARD DEVIATION	LOWER CONFIDENCE BOUND	UPPER CONFIDENCE BOUND	CONFIDENCE INTERVAL +/-	CONFIDENCE INTERVAL PERCENT
TOTAL	0.0744215	0.00368224	0.0670570	0.081786	0.0073645	9.8956
<100	0.0847979	0.00773538	0.0693271	0.100269	0.0154708	18.2443
100-299	0.0745394	0.00590470	0.0627300	0.086349	0.0118094	15.8432
300+	0.0699916	0.00583896	0.0583137	0.081670	0.0116779	16.6847

NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
95 PERCENT CONFIDENCE BOUNDS ON THE VOLUME OF
CHANGES TO HIGHER WEIGHT
BY BED SIZE CLASS

BED SIZE	CHANGES TO HIGHER WEIGHT	STANDARD DEVIATION	LOWER CONFIDENCE BOUND	UPPER CONFIDENCE BOUND	CONFIDENCE INTERVAL +/-	CONFIDENCE INTERVAL PERCENT
TOTAL	615987	30477.9	555031	676943	60955.8	9.8956
<100	129099	11776.5	105545	152652	23553.1	18.2443
100-299	231512	18339.5	194833	268191	36678.9	15.8432
300+	255376	21304.4	212767	297985	42608.9	16.6847

NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
95 PERCENT CONFIDENCE BOUNDS ON THE RATE OF
POOR QUALITY
BY BED SIZE CLASS

BED SIZE	POOR QUALITY	STANDARD DEVIATION	LOWER CONFIDENCE BOUND	UPPER CONFIDENCE BOUND	CONFIDENCE INTERVAL +/-	CONFIDENCE INTERVAL PERCENT
TOTAL	0.055436	0.0041726	0.0470912	0.063781	0.0083451	15.0535
<100	0.113796	0.0122168	0.0893625	0.138230	0.0244336	21.4714
100-299	0.051089	0.0072804	0.0365280	0.065650	0.0145608	28.5009
300+	0.034786	0.0050202	0.0247458	0.044827	0.0100405	28.8633

NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
95 PERCENT CONFIDENCE BOUNDS ON THE VOLUME OF
POOR QUALITY
BY BED SIZE CLASS

BED SIZE	POOR QUALITY	STANDARD DEVIATION	LOWER CONFIDENCE BOUND	UPPER CONFIDENCE BOUND	CONFIDENCE INTERVAL +/-	CONFIDENCE INTERVAL PERCENT
TOTAL	458847	34536.3	389774	527919	69072.7	15.0535
<100	173246	18599.2	136048	210445	37198.4	21.4714
100-299	158677	22612.2	113453	203901	45224.4	28.5009
300+	126923	18317.1	90289	163558	36634.3	28.8633

Hospital Form Control # _____ 1-6

Awaiting Coding	☐
At Sheet Missing	☐
At Sheet Not Signed	☐
D/C Summary Missing	☐
Legibility Problem	☐
Other	☐
Date Requested _____	

The National DRG Validation

Medical Record Abstract **Keypunch**

Form Control _____ 7-11
Coder _____ 12-13

Attestation Form:

Present _____ 14
Separate _____ 15

Computerized with Rubrics _____ 16
Face Sheet _____ 17
Other Narrative _____ 18-32
Signed _____ 33
Date ___/___/___ 34-41
Any Changes in Narrative _____ 42

Are Changes Signed _____
Are Changes Dated _____
If dated, List New Date _____

Does Final Sequence Agree with the Attestation Statement: _____

Admission Diagnosis _____ 43-62
Code _____ 63-67
Date of DC Summary _____ 68-75
Does HDI's Principal Diagnosis Agree with the Hospital's Attestation Statement _____ 76

Additional Comments:

Diagnosis or Procedural Changes

MD Referral _____ 78
No Change _____ 79
Add _____ 80
Delete _____ 81
Prin DX Change _____ 82
Grouper used by Coder _____ 83

PHYSICIAN REFERRAL

HDI #_____ DATE_____ FROM_____

PROBLEM:

RESOLUTION:

PHYSICIAN _____

DATE:_____

Form Control # _____

3-5-86

EXPLANATION OF HDI-FI DRG DIFFERENCE

Corrections listed on back. ☐

If hospital DRG differs from FI DRG:

	1.	HDI DRG agrees with hospital DRG.	1. ___
	2.	HDI DRG differs from hospital DRG.	2. ___
	3.	Hospital DRG cannot be assigned: no codes in record.	3. ___
NARRATIVE CHANGE	4.	HDI changed narrative principal diagnosis.	4. ___
	5.	HDI added narrative CC diagnosis.	5. ___
	6.	HDI deleted narrative CC diagnosis.	6. ___
	7.	HDI added narrative OR procedure.	7. ___
	8.	HDI deleted narrative OR procedure.	8. ___
CODE CHANGE	9.	HDI code for listed principal diagnosis differs from hospital code.	9. ___ ___
	10.	HDI code for listed secondary diagnosis differs from hospital code and changes its status as CC.	10. ___ ___
	11.	HDI code for listed procedure differs from hospital code and changes its status as OR procedure	11. ___ ___

1. Hospital code incorrect according to ICD-9-CM rules.
2. Listed/narrative vague and subject to misinterpretation.
3. Narrative appears to have been changed after code was assigned, no recoding done.
4. Hospital code clearly unrelated to narrative.

SEQUENCING CHANGE	12.	No evidence of renumbering of AT sheet codes; HDI disagrees with AT sheet sequence.	12. ___ ___

1. HDI narrative/code order determined by UHDDS sequencing guidelines.
2. HDI selected different principal dx; not governed by UHDDS guidelines.

	13.	AT sheet codes were obviously renumbered.	13. ___ ___

1. HDI disagrees with original and renumbered sequences. HDI narrative/code order determined by UHDDS sequencing guidelines.
2. HDI disagrees with original and renumbered sequences. HDI selected different principal dx, not governed by UHDDS guidelines.
3. HDI agrees with original AT sequence.

	14.	AT sheet codes renumbered without narrative change.	14. ___
ADDITIONAL EXPLANATORY FACTORS	15.	Admitting diagnosis appears to have been submitted as principal.	15. ___
	16.	Hospital code assignment not performed on AT sheet.	16. ___
	17.	Hospital code assignment appears to have been performed on incomplete record.	17. ___
	18.	Multiple conflicting AT sheets appear in record.	18. ___
	19.	Documentation of principal or CC narrative insufficient.	19. ___
	20.	AT narrative does not distinguish between principal and other diagnoses (multiple principal diagnoses).	20. ___
	21.	Missing form(s) requested but not received.	21. ___
	22.	DRG based on face sheet codes agrees with HDI DRG.	22. ___
	23.	Other _____	23. ___
HDI CHANGE MADE	24.	MD code review	24. ___
	25.	MD appropriateness/quality review	25. ___
	26.	After computer grouping	26. ___

Attesting physician (last name first) _____

CODING GUIDELINES FOR SPECIFIC DIAGNOSES

*Note: Definitions for coding purposes only; not necessarily related to medical diagnoses.

I. UTI - in order to confirm the diagnosis, any of the following are sufficient:
   A. Culture-proven growth of pathogen with colony count $>10^5$
   B. In the absence of growth (above), look for
      1. Acute symptoms specific to urinary tract (urgency, frquency, pain, hematuria)
      2. In absence of specific symptoms (above) look for
         a) U/A with >3-5 WBC (pyuria) and more than 'trace' bacteria
         and presence of non-specific infectious symptoms (N/V/fever/chills)
         and lack of evidence of other infectious site (e.g., pneumonia)
         and diagnosis suspected/listed by attending

II. TIA - the chart must document a new focal neurologic deficit (motor or sensory) (limited to a body function or anatomic region) with onset and complete resolution within 36 hours. If the deficit persists, it is valid to code a CVA.

III. COPD/Asthma
   A. New diagnosis requires confirmation by x-ray or PFTs.
   B. Pre-existing diagnosis is sufficiently established by history alone, but must appear in a historical context (nursing home transfer sheet, admission note, H and P, problem list, history review section of discharge summary). X-ray, PFT findings are also acceptable. Appearance of COPD diagnosis without support on AT sheet or d/c summary is not enough unless a history of cigarette smoking also appears in the chart.
   C. Diagnosis of Asthma is rarely correct in elderly patients. Acceptable criteria include history of longstanding asthma, or evidence that the disease is reversible.
   D. A history of atopy (allergy) is required to code extrinsic asthma.

IV. Diabetes
   A. Presence of diagnosis documented by attending's suspicion and
      1. (if new) - BS>180 (not on IV fluids), abnormal Glucose Tolerance Test, symptoms (see IV-B-2), or urine sugars >2+,
      2. (if pre-existing) - mention of therapy (diet, insulin, oral agent) or Def. B.
   B. Out-of-control documented by either
      1. BS<60 or BS>250 and evidence of BS measurement and treatment adjusted daily, or
      2. symptoms of polyuria, polydipsia, polyphagia, ketoacidosis, coma, hyperosmosis.
   C. Note: patient discharged on oral meds or diet only is not CC for DRG purposes.

"CONFIDENTIAL DRAFT"

V. Hypertension

A. Malignant requires designation (including 'hypertensive crisis') by MD and either

1. any diastolic >140 or

2. diastolic above 95, rising or fluctuating, and description of symptoms of papilledema, progressive visual impairment, or progressive CHF.

B. The designation 'out-of-control' has no meaning in the ICD-9 system. Code according to other criteria (essential, malignant, etc.).

C. If longstanding, history in context is sufficient. Note that benign/essential HT alone is not CC for DRG purposes.

D. Only code "CHF due to HT" if specifically stated as such by attending.

E. Code 'secondary', 'heart', 'renal', or 'heart and renal' only if a clinical description clearly supports the designation.

VI. Uremia

A. Elevation of BUN without symptoms is azotemia, not uremia.

B. High or rising BUN with symptoms is uremia.
Accept: grey-discolored skin, any BUN>80, requirement for dialysis, encephalopathy (somnalence, coma, seizures), Nausea/vomiting.

VII. Blood loss anemia

A. Always requires HB<11, HCT<36 unless active, rapid, visible red-blood loss.

B. Acute - documentation of injury with bleeding or description of red blood loss via GI or GU tract.

C. Chronic - blood in stool (hematest) or urine analysis, or description of black tarry stools and mention by attending.

VIII. CHF

A. Only code as 'due to' hypertension if specifically stated as such.

B. Do not code on history alone; patient must have evidence of active CHF documented during present admission to justify coding.

Study: Patient Information Screen 1

Hospital: Form Control#:

Identification Information

Name
Medical Record # _____
H.I.C # _____
Group Control # _____

Zip Code
Birth Date (MM/YYYY) /
Sex (M/F/U-Unknown)
Employee ID # _____

Admission and Discharge Information

A/D Date (M/D/Y) / /
MD (Admission)
D/C Date (M/D/Y) / /
MD (Discharge) _____

Reviewer Info: Field Reviewer _____
Audit Reviewer _____
Review Date / /

Readmission within (#days) __

Admission Reason:
1. Workup/evaluation
2. Therapy
3. Planned procedure
4. Failure of outpatient management

Study: Patient Information Screen 2

Hospital: Form Control#:

Admission Source __

1. Physician
2. Clinic
3. HMO
4. Hospital
5. Skilled Nursing Facility
6. Health Care Facility
7. Emergency Room
8. Court/Law Enforcement
9. P.P.O
10. Info. Not Available

Admission Type _

1. Emergency
2. Urgent
3. Elective
4. Newborn
5. Info. Not Avlb.

Disposition _

1. Home or self-care
2. Short-term Gen.Hosp.
3. Skilled Nursing Fac
4. Intermediate Care Fac
5. Another Institution
6. Home Health Serv. Org
7. Left against advice
8. Expired
9. Swing Bed

Principal Dx (1-9) __

Study: Patient Information Screen 4

Hospital: Form Control#:

Diagnoses Active this Admission

1. Description: _____ ICD-9-CM -
2. Description: _____ ICD-9-CM ___-__
3. Description: _____ ICD-9-CM ___-__
4. Description: _____ ICD-9-CM ___-__
5. Description: _____ ICD-9-CM ___-__

Principal D/C Diagnosis (1-5)?
MD approved (Y/N)? Does tne medical record support the diagnosis (Y/N)?

Study: Patient Information Screen 6

Hospital: Form Control#:

Days of Care to be Reviewed (MM/DD/YY)

1. / / *	7. __/__/__	13. __/__/__	19. __/__/__	25. __/__/__
2. __/__/__	8. __/__/__	14. __/__/__	20. __/__/__	26. __/__/__
3. __/__/__	9. __/__/__	15. __/__/__	21. __/__/__	27. __/__/__
4. __/__/__	10. __/__/__	16. __/__/__	22. __/__/__	28. __/__/__
5. __/__/__	11. __/__/__	17. __/__/__	23. __/__/__	29. __/__/__
6. __/__/__	12. __/__/__	18. __/__/__	24. __/__/__	30. __/__/__

Review Criteria: Surgical

Review Day of Care - date #: __

* Randomly selected by the system for review
! Already reviewed

Admission: / / 2. Surgery Location/Risk Factor Assessment Form Control#:

2. Cardiac diseases
   a. Angina pectoris Class 3 or 4 (NYHA) currently ..... N Y
   b. Congestive heart failure Class 3 or 4 (NYHA) currently . N Y
   c. Myocardial infarction within 90 days..... N Y
3. Personal or family history of malignant hyperthemia ..... N Y
4. Documented difficulty regulating medications for:
   a. Endocrine disease (diabetes, Addison's thyrotoxicosis) N Y
   b. Hypertension ..... N Y
   c. Bronchospastic lung disease ..... N Y
   d. Seizure disorder ..... N Y

C. Optional: NOSOCOMIAL INFECTION OR OTHER IATROGENIC EVENT ? N Y

D. Optional: WAS THE PATIENT DISCHARGED PREMTURELY ? N Y

Admission: / / 3. Surgery Location/Risk Factor Assessment Form Control#:

2. Potential for Complications

A. Type of Procedure
   1. Entrance into body cavity (eg., abdomen, thorax, head/neck) with other than endoscope through a route other than a natural conduit N Y
   2. Blind biopsy of an internal organ ..... N Y

B. Actual anesthesia time in minutes:
   None 1-29 30-59 60-89 90-119 120+

Admission: / / Appropriateness Evaluation Form Control#:
on the Basis of
Location of Surgery/Risk Factor Assessment

No Location of Surgery/Risk Factor Assessment criteria are met. Surgery on an inpatient basis is inappropriate.

Do you wish to override (Y/N)?

Describe your justification for overriding: Code: __

_____
_____
_____
_____

Admission: / / Reasons for Inappropriate Admission Form Control#:

Appropriate level of care for the admitting condition (1-7)?
1. Outpatient.
2. Skilled nursing home.
3. Non-skilled nursing home.
4. Chronic disease institution.
5. Unspecified institution other than acute hospital.
6. Acute hospital, but admission premature.
7. Other.

If admission was premature, what was the primary reason (1-7)? _
1. Preoperative tests/therapy/evaluation not done before admission.
2. To insure bed availability.
3. Surgery postponed due to unforeseeable administrative/logistical circumstances.

Other clinical/administrative/social factors most under the control of:
4. Physician.
5. Hospital.
6. Patient/family
7. Other.

Admission: / / 2. Timeliness of Admission Form Control#:

B. Patient Condition

1. Unstable cardiac status

a. Suspicion of ongoing or recent myocardial infarction ...	N	Y
b. Uncontrolled or unstable angina pectoris	N	Y
c. New or complex arrhythmia	N	Y
d. Uncompensated congestive heart failure	N	Y

2. Unstable cerebrovascular status

a. New stroke not completed	N	Y
b. Transient ischemic attacks	N	Y

3. Unstable pulmonary status

a. Unrelieved bronchospasm	N	Y
b. Documented deterioration of chronic obstructive lung disease	N	Y

Admission: / / 3. Timeliness of Admission Form Control#:

4. Unstable hematologic status

a. Unexpected anemia requiring transfusion or explanation pre-operatively	N	Y
b. New granulocytopenia (<1500/mm3) or thrombocytopenia ... (<100,000/mm3) requiring explanation pre-operatively	N	Y
c. Severe thrombocytopenia or lack of other clotting factors (e.g., prothrombin) not correctable in time (<24 hours)	N	Y

5. Unstable metabolic status

a. Uncontrolled diabetes mellitus	N	Y
b. Severe (Cr>5.0 mg/dl) or new azotemia	N	Y
c. Severe liver dysfunction, other than clotting ..... (transaminases 5x upper limit of laboratory normal)	N	Y
d. Uncontrolled or uncorrected hypothyroidism	N	Y
e. Uncorrected electrolyte disturbances - Sodium, potassium or calcium outside hospital's normal lab. ranges	N	Y

Admission: / / 3. Timeliness of Admission Form Control#:

No Timeliness of Admission criteria are met. Admission on this day is inappropriate.

Do you wish to override (Y/N)?

Describe your justification for overriding: Code: __

_____
_____
_____
_____

Admission: / / Reasons for Inappropriate Admission Form Control#:

Appropriate level of care for the admitting condition (1-7)?
1. Outpatient.
2. Skilled nursing home.
3. Non-skilled nursing home.
4. Chronic disease institution.
5. Unspecified institution other than acute hospital.
6. Acute hospital, but admission premature.
7. Other.

If admission was premature, what was the primary reason (1-7)? _
1. Preoperative tests/therapy/evaluation not done before admission.
2. To insure bed availability.
3. Surgery postponed due to unforeseeable administrative/logistical circumstances.

Other clinical/administrative/social factors most under the control of:
4. Physician.
5. Hospital.
6. Patient/family
7. Other.

Day of Care: / / 2. Medical Services Form Control#:

8. Any test requiring strict dietary control, for the duration of the diet.	N	Y
9. New or experimental treatment requiring frequent dose adjustments under direct medical supervision.	N	Y
10. Close medical monitoring by a doctor at least three times daily (observation must be documented in record).	N	Y
11. Post-operative day for any procedure covered in numbers 1, or 3-7 above.	N	Y
12. Optional:	N	Y
13. Optional:	N	Y

Day of Care: / / 3. Nursing/Life Support Services Form Control#:

1. Respiratory care - intermittent or continuous respirator use and/or inhalation therapy (with chest PT, IPPB) at least thrice daily.	N	Y
2. Parenteral Therapy - intermittent or continuous supplementation (electrolytes, protein, medications).	N	Y
3. Continuous vital sign monitoring, at least every 30 minutes for at least four hours.	N	Y
4. IM and/or SC injections at least twice daily.	N	Y
5. Intake and output measurement.	N	Y
6. Major surgical wound or drainage care (chest tubes, T-tubes, hemovacs, Penrose drains).	N	Y

Day of Care: / / 6. Patient Condition Form Control#:

7. Acute hematologic disorders, significant neutropenia, anemia, thrombocytopenia, leukocytosis, erythrocytosis, or thrombocytosis, yielding signs or symptoms. ... N Y

8. Progressive acute neurologic difficulties. ..... N Y

Within 14 days before day of review: ..... N Y
9. Occurrence of a documented, new acute myocardial infarction or cerebrovascular accident (stroke).

10. Optional: N Y

11. Optional: N Y

Day of Care: / / Appropriateness Evaluation Form Control#:
on the Basis of
Medical Services, Nursing/Life Support Services
and Patient Condition

No Medical Services, Nursing/Life Support Services, or Patient Condition criteria are met. Day of Care is inappropriate on this basis.

Do you wish to override (Y/N)?

Describe your justification for overriding: Code: __

_____
_____
_____
_____

Day of Care: / / Appropriate Level of Care Required by this Patient Form Control#:

(For patients who did not need continued acute hospitalization)

1. Outpatient.
2. Skilled nursing home care.
3. Non-skilled nursing home care.
4. Chronic disease institution.
5. Unspecified institution other than acute hospital.

Reason #

Day of Care: / / Primary Responsibility for Continued Hospitalization Form Control#:

1. Physician.
2. Hospital.
3. Discharge Planning Department.
4. Patient and/or family.
5. Insurance requirement prior to SNF placement.
6. Awaiting financial or medical clearance from alternative facility.
7. Appropriate level placement unavailable.
8. Anticipated stay in alternative facility would be less than 24 hours.
9. Other: _____

Responsibility 1. #:
Responsibility 2. #: __
Responsibility 3. #: __

Study: Patient Information Screen 1

Hospital: Form Control#:

Identification Information

Name
Medical Record # _____
H.I.C # _____
Group Control # _____

Zip Code __ __-__
Birth Date (MM/YYYY)
Sex (M/F/U-Unknown)
Employee ID # _____

Admission and Discharge Information

A/D Date (M/D/Y) / /
MD (Admission)
D/C Date (M/D/Y) / /
MD (Discharge) _____

Reviewer Info: Field Reviewer _____
Audit Reviewer __ __ __
Review Date / /

Readmission within (#days) __

Admission Reason:
1. Workup/evaluation
2. Therapy
3. Planned procedure
4. Failure of outpatient management

Study: Patient Information Screen 2

Hospital: Form Control#:

Admission Source __

1. Physician
2. Clinic
3. HMO
4. Hospital
5. Skilled Nursing Facility
6. Health Care Facility
7. Emergency Room
8. Court/Law Enforcement
9. P.P.O
10. Info. Not Available

Admission Type _

1. Emergency
2. Urgent
3. Elective
4. Newborn
5. Info. Not Avlb.

Disposition _

1. Home or self-care
2. Short-term Gen.Hosp.
3. Skilled Nursing Fac
4. Intermediate Care Fac
5. Another Institution
6. Home Health Serv. Org
7. Left against advice
8. Expired
9. Swing Bed

Principal Dx (1-9) __

Study: Patient Information Screen 4

Hospital: Form Control#:

Diagnoses Active this Admission

1. Description: _____ ICD-9-CM
2. Description: _____ ICD-9-CM ___-__
3. Description: _____ ICD-9-CM ___-__
4. Description: _____ ICD-9-CM ___-__
5. Description: _____ ICD-9-CM ___-__

Principal D/C Diagnosis (1-5)?
MD approved (Y/N)? Does the medical record support the diagnosis (Y/N)?

Study: Patient Information Screen 6

Hospital: Form Control#:

Days of Care to be Reviewed (MM/DD/YY)

1. / /	7. __/__/__	13. __/__/__	19. __/__/__	25. __/__/__
2. __/__/__	8. __/__/__	14. __/__/__	20. __/__/__	26. __/__/__
3. __/__/__	9. __/__/__	15. __/__/__	21. __/__/__	27. __/__/__
4. __/__/__	10. __/__/__	16. __/__/__	22. __/__/__	28. __/__/__
5. __/__/__	11. __/__/__	17. __/__/__	23. __/__/__	29. __/__/__
6. __/__/__	12. __/__/__	18. __/__/__	24. __/__/__	30. __/__/__

Review Criteria: Admission

Review Day of Care - date #: __

* Randomly selected by the system for review
! Already reviewed

Admission: / / 2. Severity of Illness Criteria Form Control#:

7. Active bleeding. ..... N Y

8. Severe electrolyte/Blood gas abnormality (any of the .... N Y
following):

   A. Na < 123 mEq/L
      Na > 156 mEq/L

   B. K < 2.5 mEq/L
      K > 6.0 mEq/L

   C. CO2 combining power (unless chronically abnormal)
      < 20 mEq/L
      CO2 combining power (unless chronically abnormal)
      > 36 mEq/L

   D. Blood ph < 7.30
      Blood ph > 7.45

Admission: / / 3. Severity of Illness Criteria Form Control#:

9. EKG evidence of acute ischemia; must be suspicion of a ... N Y
new MI.

10. Wound dehiscence or evisceration. ..... N Y

11. Optional: NOSOCOMIAL INFECTION OR OTHER IATROGENIC EVENT ? N Y

12. Optional: WAS THE PATIENT DISCHARGED PREMTURELY ? N Y

Admission: / / Appropriateness Evaluation Form Control#:
on the Basis of
Severity of Illness and Intensity of Service Criteria

No Severity of Illness or Intensity of Service criteria are met.
Admission is inappropriate on this basis.

Do you wish to override (Y/N)?

Describe your justification for overriding: Code: __

_____
_____
_____
_____

Admission: / / Reasons for Inappropriate Form Control#:
Admission

Appropriate level of care for the admitting condition (1-7)?
1. Outpatient.
2. Skilled nursing home.
3. Non-skilled nursing home.
4. Chronic disease institution.
5. Unspecified institution other than acute hospital.
6. Acute hospital, but admission premature.
7. Other.

If admission was premature, what was the primary reason (1-7)? _
1. Preoperative tests/therapy/evaluation not done before admission.
2. To insure bed availability.
3. Surgery postponed due to unforeseeable administrative/logistical circumstances.

Other clinical/administrative/social factors most under the control of:
4. Physician.
5. Hospital.
6. Patient/family.
7. Other.

Day of Care: / / 2. Medical Services Form Control#:

8. Any test requiring strict dietary control, for the duration of the diet.	N	Y
9. New or experimental treatment requiring frequent dose ... adjustments under direct medical supervision.	N	Y
10. Close medical monitoring by a doctor at least three ..... times daily (observation must be documented in record).	N	Y
11. Post-operative day for any procedure covered in numbers 1, or 3-7 above.	N	Y
12. Optional:	N	Y
13. Optional:	N	Y

Day of Care: / / 3. Nursing/Life Support Services Form Control#:

1. Respiratory care - intermittent or continuous respirator use and/or inhalation therapy (with chest PT, IPPB) at least thrice daily.	N	Y
2. Parenteral Therapy - intermittent or continuous supplementation (electrolytes, protein, medications).	N	Y
3. Continuous vital sign monitoring, at least every 30 ..... minutes for at least four hours.	N	Y
4. IM and/or SC injections at least twice daily.	N	Y
5. Intake and output measurement.	N	Y
6. Major surgical wound or drainage care (chest tubes, ... T-tubes, hemovacs, Penrose drains).	N	Y

Day of Care: / / 6. Patient Condition Form Control#:

7. Acute hematologic disorders, significant neutropenia, ... anemia, thrombocytopenia, leukocytosis, erythrocytosis, or thrombocytosis, yielding signs or symptoms.	N	Y
8. Progressive acute neurologic difficulties.	N	Y
Within 14 days before day of review: ..... 9. Occurrence of a documented, new acute myocardial infarction or cerebrovascular accident (stroke).	N	Y
10. Optional:	N	Y
11. Optional:	N	Y

Day of Care: / / Appropriateness Evaluation Form Control#:
on the Basis of
Medical Services, Nursing/Life Support Services
and Patient Condition

No Medical Services, Nursing/Life Support Services, or Patient Condition criteria are met. Day of Care is inappropriate on this basis.

Do you wish to override (Y/N)?

Describe your justification for overriding: Code: __

_____
_____
_____
_____

Day of Care: / / Appropriate Level of Care Required by this Patient Form Control#:

(For patients who did not need continued acute hospitalization)

1. Outpatient.
2. Skilled nursing home care.
3. Non-skilled nursing home care.
4. Chronic disease institution.
5. Unspecified institution other than acute hospital.

Reason #:

Day of Care: / / Primary Responsibility for Continued Hospitalization Form Control#:

1. Physician.
2. Hospital.
3. Discharge Planning Department.
4. Patient and/or family.
5. Insurance requirement prior to SNF placement.
6. Awaiting financial or medical clearance from alternative facility.
7. Appropriate level placement unavailable.
8. Anticipated stay in alternative facility would be less than 24 hours.
9. Other: _____

Responsibility 1. #:
Responsibility 2. #: __
Responsibility 3. #: __

THE HEALTH DATA INSTITUTE
MEDICAL RECORD CASE SUMMARY

Provider # _____ Patient Name: _____
HIC # _____ Admission: ___/___/___ Discharge: ___/___/___
DRG Paid:_____ HOSP DRG:_____ PRO DRG:_____ IG DRG:_____
Patient Attending M.D._____

[_] Inappropriate Admission Day according to AEP Criteria

[_] Inappropriate Transfer [_] Inappropriate Procedure

_____Reason for DRG Difference (Enter Code) [_] Quality of Care Concern

_____Outcome Code [_] Premature Discharge

Quality Score: (Enter Code) ____ adequacy of dx ____ parsimony
____ adequacy of tx ____ technology
Overall Score_____

Narrative [_] Dictated [_] Entered on PC [_] R.N. Draft Edited

Based on the Information available to you, how Appropriate is the Acute Level of Care for treating this patient?

A.[_]Clearly Appropriate B.[_]Borderline C.[_]Clearly Inappropriate

If B or C, was Admission [_]Clinically Unnecessary OR [_]Premature

Case Summary:

[_] Internal Use Only [_] Please copy record # of pages_____

[_] M. D. 2nd Opinion _____Date Signature_____

[_] M.D. Panel Approval_____Date Signature_____

RN Reviewer _____ Date _____

MD Reviewer _____ Date _____

RN Summary
Indications for MD Review

State _____

Hospital Name _____

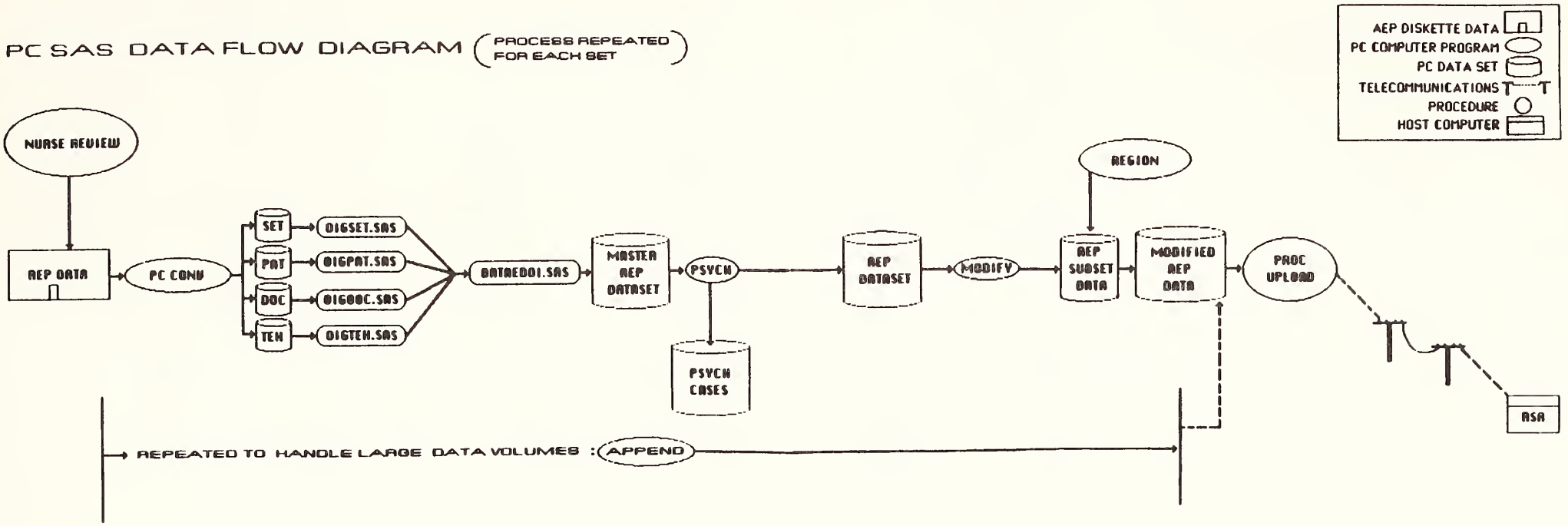
Hospital Provider # _____

Patient Last Name _____

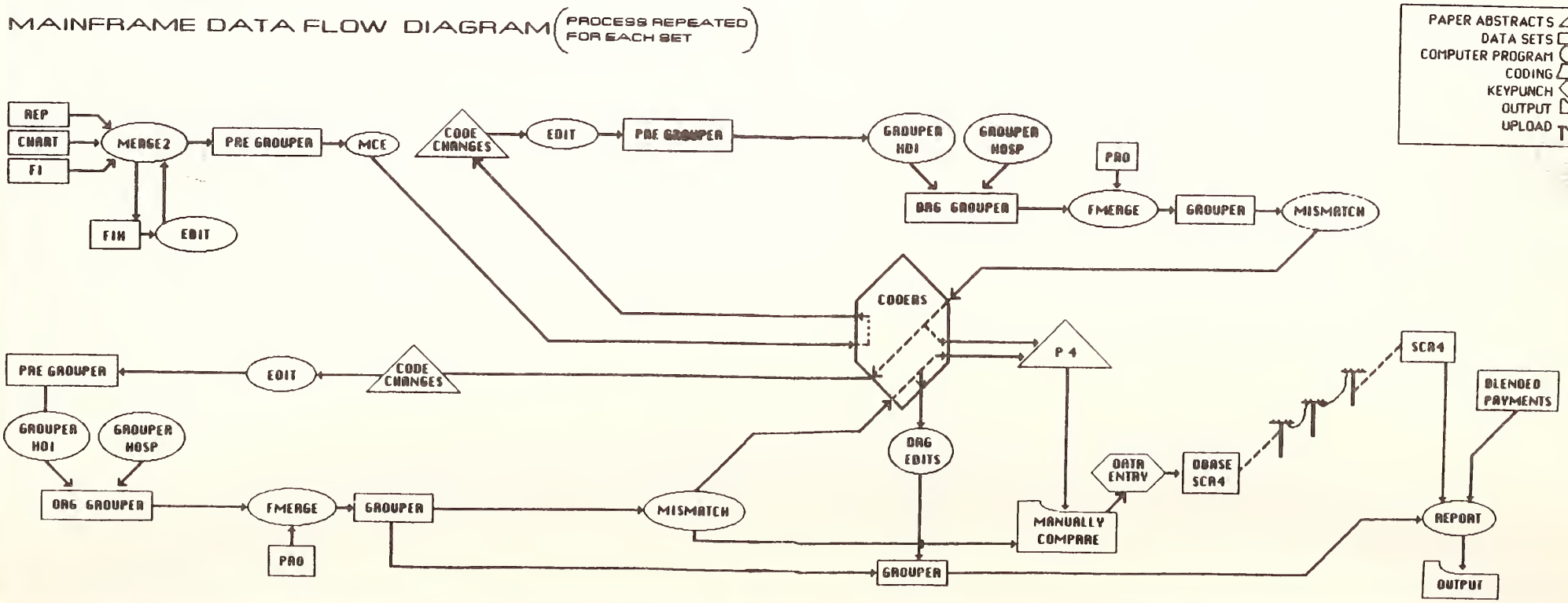
Form Control # _____

MD: Evaluate the problems identified by the RN's. If you agree the problem exists, or if you identify a problem not noted by the RN, write your initials in the corresponding blank and document the problem in your case summary. If you disagree, write "disagree" in the blank.

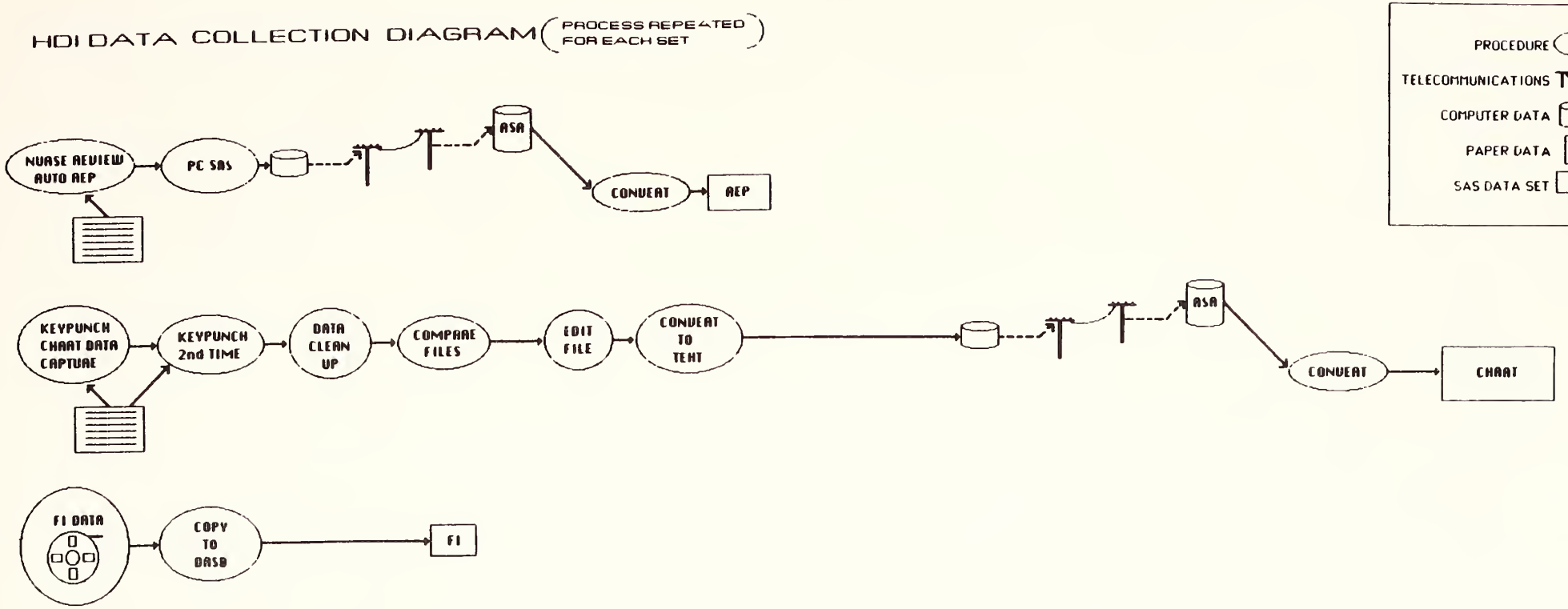
	MD Agreement (initials)	RN Action
Inappropriate Care by AEP		
___ Admission day inappropriate	____	
Quality of Care		
___ The patient received poor quality care.	____	
Explain:		
Iatrogenesis		
___ There is evidence of a nosocomial infection.	____	
___ There is evidence of an iatrogenic event.	____	
Explain:		
Premature Discharge		
___ The patient was discharged without documentation of improved clinical status (may not be applicable for terminally ill patients).	____	
Explain:		


PC SAS DATA FLOW DIAGRAM
PROCESS REPEATED FOR EACH SET
AEP DISKETTE DATA
PC COMPUTER PROGRAM
PC DATA SET
TELECOMMUNICATIONS
PROCEDURE
HOST COMPUTER
NURSE REVIEW
AEP DATA
PC CONV
SET
PAT
DOC
TEH
DIGSET.SAS
DIGPAT.SAS
DIGDOC.SAS
DIGTEH.SAS
DATAEDDI.SAS
MASTER AEP DATASET
PSYCH
PSYCH CASES
AEP DATASET
MODIFY
REGION
AEP SUBSET DATA
MODIFIED AEP DATA
PROC UPLOAD
ASA
REPEATED TO HANDLE LARGE DATA VOLUMES :
APPEND

MAINFRAME DATA FLOW DIAGRAM (PROCESS REPEATED FOR EACH SET)



HDI DATA COLLECTION DIAGRAM (PROCESS REPEATED FOR EACH SET)



The Health Data Institute
Mental Health Appropriateness Evaluation Protocol
MH AEP
Patient Information

DRAFT
6/30/86

Hospital: _____ Form Control #: _____

Identification Information

Zip Code _____

Medical Record # _____ Birth Date (MM/YYYY) _____

Contract # 1. _____ Sex (M/F/U-Unknown) _____

2. _____

Group Control # _____ Employed (Y/N/R/U) _____

Marital Status (M/S/D/SE/W) _____

Admission and Discharge Information

A/D Date (M/D/Y) _____ Previous Psych. Ad. (#) _____

MD (Admission) _____ Readmission with (# days) _____

D/C Data (M/D/Y) _____ Admission Reason: _____

MD (Discharge) _____

	Yes	No
Psych Adm	☐	☐

If yes, specify type of hospital:
Specialized psych hosp. _____
Gen hosp with psych unit _____
Gen hosp without psych _____

Indicate type of Admission: Involuntary _____ Voluntary _____

Locked Unit _____ Unlocked Unit _____

Admission Source _____

1. Physician
2. Clinic
3. HMO
4. Hospital
5. Skilled Nursing Facility
6. Health Care Facility
7. Emergency Room
8. Court/Law Enforcement
9. P.P.O.
10. Info. Not Available
11. Other _____

Admission Type ____

1. Emergency
2. Urgent
3. Elective
5. Info. Not. Avlb.

Disposition _____

1. Home or self-care
2. Short-term Gen. Hosp.
3. Skilled Nursing Fac.
4. Intermediate Care Fac. (Includes residential fac. and day hospital/ day RX)
5. Another Institution
6. Home Health Serv. Org.
7. Left against advice
8. Expired
9. Outpatient Therapy
10. Still Patient

Substance Abuse

	Yes	No
Does the patient have history of substance abuse:	☐	☐
1. ETOH Abuse	☐	
2. Other Substance Abuse	☐	
3. Polydrug Abuse	☐	

Psychiatric Therapeutic Procedures:

1. ECT:	Yes ☐	No ☐
2. Psychotherapy:	Yes ☐	No ☐
3. Psychopharmacology:	Yes ☐	No ☐

Diagnostic Procedures:

1. Psychologic Testing:	Yes ☐	No ☐
2. Neuropsychiatric testing:	Yes ☐	No ☐
3. Electroencephalogram (EEG):	Yes ☐	No ☐
4. Head CAT Scan:	Yes ☐	No ☐
5. EEG Telemetry:	Yes ☐	No ☐
6. Brain Electrical Activity Mapping (BEAM):	Yes ☐	No ☐
7. Other	Yes ☐	No ☐

Reviewer Info: Field Reviewer _____

Audit Reviewer _____

Review Date _____

_____ 11. Presumptive evidence of a pathological condition which requires inpatient observation, testing or evaluation to make valid diagnosis.

Override Option:

_____ 12. Specify any conditions, other than the above, which justify the patient's admission.

_____

_____

_____

_____

Inappropriate Admission:

Check all statements relevant to classifying this patient as an inappropriate admission.

_____ 14. Did not meet any of the above criteria for appropriateness.

_____ 15. Other reason.

_____

_____

_____

_____

_____

Referred for:	MD Review	Quality	Coding	Diagnosis Disagreement	2nd Opinion
	☐	☐	☐	☐	☐

Criteria for Intensity of Services

These criteria are meant to reflect the level of care received by the patient. They apply to the 1st week of hospitalization.

_____ 1. Admitted to locked psychiatric unit.

_____ 2. One staff assigned to observe patient at all times (one-to-one).

_____ 3. Patient required locked seclusion during first week.

_____ 4. Patient required physical restraint during first week.

_____ 5. Patient required chemical restraint during first week.

_____ 6. Involuntary Admission

_____ 7. Other:

_____

_____

_____

_____

Nosocomial Infection Definitions

Nosocomial Infection- An Infection developing 72 hours or more after hospital admission. If the infection is suspected on admission, but not cultured or otherwise documented, consider it community acquired.

Urinary Tract Infection- Identified by the development of any of the following:

A. Greater than 100,000 colonies/ml of any organism (Bacteriology reports).
B. Greater than 5 WBC's/HPF on urinalysis (Clin Path reports).
C. Symptoms, such as flank pain, burning on urination, frequency of urination, fever, inability to void, etc. (Progress Notes).

Wound Infection- Identified simply by the development of pus or purulent exudate at the site of a surgical wound, burn, decubitus or other site of trauma, with or without a positive culture (Progress Notes, Bacteriology Reports). Includes post-op abscesses.

Respiratory Tract Infection- Identified by the development of the following:

A. Increasing amounts of purulent sputum (Progress Notes).
B. New pulmonary infiltrate on chest x-ray (Progress Notes, X-ray Reports).

Bacteremia- Identified simply by the isolation of organisms from the blood (Bacteriology Reports).

A. Primary Bacteremia- If no other source can be found to explain positive blood cultures (e.g., wound infection, UTI, pneumonia, etc.).
B. Secondary Bacteremia- If positive blood cultures are the result of another infection (e.g., wound infection, UTI, pneumonia, etc.).

Other Infections- Again, only nosocomial:

Diarrhea- Associated with a positive culture or toxin.
CNS- Memingitis, abscess, shunt infection.
Bone and Joint- Osteomyelitis, total hip/knee infections, suppurative arthritis.
Skin
Abdominal
Other infections documented in the record.

"Bug Dictionary"

A. anitratus
Alpha strep
Bacteriodes
Beta strep group A
Candida
Citrobacter
Clostridium
Enterobacter
Enterocuccus
E. coli
Hemophilus influenzae (H. Flu)
Klebsiella pneumoniae
Proteus mirabilis
Pseudomonas aeruginosa
Serratia marcescens
Staph aureus
Staph epidermidis
Strep pneumoniae (Pneumococcus)
Other

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	TOTAL	4781	7050	1374	836	538	740
ALL	1	3	8	0	0	0	0
ALL	2	3	5	0	0	0	0
ALL	4	3	3	1	1	0	0
ALL	5	12	25	0	0	0	0
ALL	7	3	5	0	0	0	1
ALL	9	1	2	0	0	0	0
ALL	10	12	16	3	2	1	3
ALL	11	1	1	0	0	0	0
ALL	12	20	20	9	7	2	5
ALL	13	6	6	1	0	1	0
ALL	14	138	217	42	39	3	9
ALL	15	107	146	20	7	13	13
ALL	16	15	10	8	2	6	0
ALL	17	17	13	9	6	3	4
ALL	18	9	12	1	1	0	3
ALL	19	2	3	0	0	0	1
ALL	20	3	3	1	1	0	0
ALL	22	17	22	5	4	1	3
ALL	23	1	2	1	1	0	0
ALL	24	35	44	6	3	3	8
ALL	25	11	11	2	0	2	2

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
ALL	TOTAL	110	1955	50	74	14	464
ALL	1	1	2	0	0	0	0
ALL	2	0	2	0	0	0	1
ALL	4	1	1	0	0	0	0
ALL	5	3	8	1	0	0	0
ALL	7	0	2	0	0	0	0
ALL	9	0	1	0	0	0	0
ALL	10	0	6	0	0	0	0
ALL	11	0	0	0	1	0	0
ALL	12	0	6	0	0	0	0
ALL	13	1	3	0	0	0	1
ALL	14	0	54	5	1	0	27
ALL	15	1	54	1	1	0	17
ALL	16	0	7	0	0	0	0
ALL	17	0	3	0	0	0	1
ALL	18	1	4	0	0	0	0
ALL	19	0	1	0	0	0	0
ALL	20	0	2	0	0	0	0
ALL	22	0	7	0	0	0	2
ALL	23	0	0	0	0	0	0
ALL	24	1	13	0	0	0	7
ALL	25	1	5	0	0	0	1

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	27	2	4	1	1	0	0
ALL	28	3	10	0	0	0	0
ALL	31	4	7	1	0	1	0
ALL	32	1	2	0	0	0	0
ALL	34	3	3	1	1	0	0
ALL	35	2	1	1	1	0	0
ALL	36	1	5	0	0	0	0
ALL	38	1	2	1	0	1	0
ALL	39	69	81	1	0	1	65
ALL	40	2	3	0	0	0	1
ALL	42	1	2	0	0	0	0
ALL	43	1	1	0	0	0	0
ALL	44	1	2	0	0	0	1
ALL	45	2	4	0	0	0	1
ALL	46	3	2	1	0	1	2
ALL	47	4	4	0	0	0	3
ALL	49	1	2	0	0	0	0
ALL	50	1	2	0	0	0	0
ALL	51	0	1	0	0	0	0
ALL	53	3	9	1	0	1	0
ALL	55	1	8	0	0	0	1
ALL	56	2	4	1	0	1	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	27	0	0	0	0	0	1
ALL	28	0	2	0	0	0	1
ALL	31	0	2	0	0	0	1
ALL	32	0	1	0	0	0	0
ALL	34	1	1	0	0	0	0
ALL	35	0	1	0	0	0	0
ALL	36	0	1	0	0	0	0
ALL	38	0	0	0	0	0	0
ALL	39	0	1	0	0	0	2
ALL	40	0	1	0	0	0	0
ALL	42	0	1	0	0	0	0
ALL	43	0	1	0	0	0	0
ALL	44	0	0	0	0	0	0
ALL	45	0	1	0	0	0	0
ALL	46	0	0	0	0	0	0
ALL	47	0	1	0	0	0	0
ALL	49	1	0	0	0	0	0
ALL	50	0	1	0	0	0	0
ALL	51	0	0	0	0	0	0
ALL	53	0	2	0	0	0	0
ALL	55	0	0	0	0	0	0
ALL	56	0	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	63	1	2	0	0	0	0
ALL	64	5	6	1	0	1	3
ALL	65	28	24	3	0	3	9
ALL	66	7	11	1	0	1	2
ALL	68	32	42	9	6	3	10
ALL	69	4	8	1	0	1	1
ALL	72	2	2	1	0	1	0
ALL	73	7	8	1	0	1	3
ALL	75	9	20	2	2	0	0
ALL	76	3	6	1	1	0	0
ALL	77	3	2	2	1	1	1
ALL	78	9	24	3	3	0	0
ALL	79	35	59	12	12	0	4
ALL	80	1	2	0	0	0	0
ALL	82	46	70	12	9	3	14
ALL	83	6	5	2	2	0	3
ALL	84	5	2	2	0	2	1
ALL	85	14	14	7	7	0	1
ALL	87	86	91	53	51	2	2
ALL	88	111	130	55	41	14	13
ALL	89	224	351	62	55	7	14
ALL	90	15	26	5	2	3	3

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	63	0	1	0	0	0	0
ALL	64	0	1	0	0	0	0
ALL	65	0	12	0	0	0	4
ALL	66	0	4	0	0	0	0
ALL	68	0	9	0	0	0	4
ALL	69	0	2	0	0	0	0
ALL	72	0	1	0	0	0	0
ALL	73	0	2	0	0	0	1
ALL	75	2	5	0	0	0	0
ALL	76	0	1	0	0	0	1
ALL	77	0	0	0	0	0	0
ALL	78	0	6	0	0	0	0
ALL	79	0	14	0	0	0	5
ALL	80	0	1	0	0	0	0
ALL	82	5	10	0	2	0	3
ALL	83	0	0	1	0	0	0
ALL	84	0	1	1	0	0	0
ALL	85	0	5	0	0	0	1
ALL	87	0	19	0	2	0	10
ALL	88	0	31	2	1	0	9
ALL	89	0	99	6	7	1	35
ALL	90	0	7	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	91	1	1	1	0	1	0
ALL	92	9	11	6	3	3	1
ALL	94	1	4	1	1	0	0
ALL	95	2	1	0	0	0	0
ALL	96	91	179	15	5	10	20
ALL	97	16	23	8	2	6	2
ALL	99	44	41	25	9	16	0
ALL	100	3	7	1	0	1	1
ALL	101	23	20	9	6	3	3
ALL	102	1	2	0	0	0	1
ALL	104	0	2	0	0	0	0
ALL	105	2	6	0	0	0	0
ALL	106	3	9	0	0	0	0
ALL	107	3	11	1	0	1	0
ALL	108	2	7	2	2	0	0
ALL	109	3	5	2	1	1	0
ALL	110	21	37	3	3	0	1
ALL	111	2	5	0	0	0	0
ALL	112	5	10	3	1	2	0
ALL	113	5	11	1	1	0	0
ALL	114	1	1	0	0	0	0
ALL	115	0	2	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	91	0	0	0	0	0	0
ALL	92	0	2	0	0	0	0
ALL	94	0	0	0	0	0	0
ALL	95	0	0	0	1	0	1
ALL	96	0	41	2	2	0	11
ALL	97	0	6	0	0	0	0
ALL	99	0	15	2	0	0	2
ALL	100	0	1	0	0	0	0
ALL	101	2	9	0	0	0	0
ALL	102	0	0	0	0	0	0
ALL	104	0	0	0	0	0	0
ALL	105	1	1	0	0	0	0
ALL	106	0	3	0	0	0	0
ALL	107	1	1	0	0	0	0
ALL	108	0	0	0	0	0	0
ALL	109	0	1	0	0	0	0
ALL	110	2	13	0	0	0	2
ALL	111	1	1	0	0	0	0
ALL	112	0	2	0	0	0	0
ALL	113	1	3	0	0	0	0
ALL	114	0	1	0	0	0	0
ALL	115	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	116	6	14	0	0	0	0
ALL	117	3	7	0	0	0	0
ALL	118	2	6	0	0	0	0
ALL	120	4	4	1	1	0	0
ALL	121	27	72	15	14	1	0
ALL	122	38	105	18	8	10	1
ALL	123	13	54	4	4	0	0
ALL	124	7	18	5	4	1	0
ALL	125	5	33	0	0	0	0
ALL	126	2	2	2	2	0	0
ALL	127	239	388	52	36	16	18
ALL	128	16	32	3	0	3	2
ALL	129	10	13	7	7	0	0
ALL	130	45	63	16	14	2	8
ALL	131	8	16	4	2	2	2
ALL	132	62	42	36	27	9	3
ALL	133	3	2	1	1	0	0
ALL	134	35	39	10	2	8	7
ALL	135	10	8	3	2	1	1
ALL	136	2	2	1	0	1	0
ALL	138	68	166	18	11	7	5
ALL	139	8	20	3	1	2	1

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	116	0	6	0	0	0	0
ALL	117	0	3	0	0	0	0
ALL	118	1	1	0	0	0	0
ALL	120	0	3	0	0	0	0
ALL	121	0	9	1	0	0	2
ALL	122	0	9	2	3	0	5
ALL	123	0	0	0	0	0	9
ALL	124	0	2	0	0	0	0
ALL	125	2	3	0	0	0	0
ALL	126	0	0	0	0	0	0
ALL	127	0	128	4	4	1	32
ALL	128	0	6	0	2	0	3
ALL	129	0	0	0	0	0	3
ALL	130	0	15	1	0	0	5
ALL	131	1	1	0	0	0	0
ALL	132	0	16	1	1	0	5
ALL	133	0	2	0	0	0	0
ALL	134	0	14	0	0	0	4
ALL	135	0	4	0	1	0	1
ALL	136	0	1	0	0	0	0
ALL	138	0	33	0	2	1	9
ALL	139	0	3	0	0	0	1

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	140	152	261	40	22	18	8
ALL	141	63	80	15	3	12	8
ALL	142	9	10	3	0	3	0
ALL	143	30	52	10	0	10	2
ALL	144	24	33	9	9	0	1
ALL	145	9	12	7	4	3	0
ALL	146	8	11	1	1	0	0
ALL	148	24	53	1	0	1	0
ALL	149	5	5	1	0	1	0
ALL	150	6	9	3	1	2	0
ALL	151	0	1	0	0	0	0
ALL	152	9	8	3	2	1	1
ALL	153	1	2	0	0	0	0
ALL	154	28	38	8	8	0	1
ALL	155	3	3	1	1	0	1
ALL	157	12	25	3	0	3	7
ALL	158	8	10	3	0	3	3
ALL	159	14	18	3	3	0	0
ALL	160	2	6	0	0	0	0
ALL	161	25	58	4	0	4	1
ALL	162	10	20	4	0	4	0
ALL	164	0	2	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	140	0	84	1	2	1	16
ALL	141	0	28	0	2	0	10
ALL	142	0	6	0	0	0	0
ALL	143	0	13	0	1	0	4
ALL	144	0	8	1	1	0	4
ALL	145	0	1	0	0	0	1
ALL	146	1	4	0	0	0	2
ALL	148	4	15	0	1	0	3
ALL	149	2	2	0	0	0	0
ALL	150	0	2	0	0	0	1
ALL	151	0	0	0	0	0	0
ALL	152	1	3	0	0	0	1
ALL	153	0	1	0	0	0	0
ALL	154	1	15	0	0	2	1
ALL	155	1	0	0	0	0	0
ALL	157	2	0	0	0	0	0
ALL	158	1	1	0	0	0	0
ALL	159	1	10	0	0	0	0
ALL	160	0	2	0	0	0	0
ALL	161	3	16	0	1	0	0
ALL	162	1	5	0	0	0	0
ALL	164	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	166	5	4	0	0	0	0
ALL	167	2	2	1	1	0	0
ALL	168	3	5	1	1	0	1
ALL	170	7	12	4	4	0	0
ALL	172	34	37	14	12	2	3
ALL	173	2	3	0	0	0	2
ALL	174	84	113	19	14	5	10
ALL	175	14	13	7	1	6	3
ALL	176	5	7	2	2	0	1
ALL	177	13	17	6	1	5	4
ALL	178	2	4	0	0	0	2
ALL	179	5	6	2	2	0	1
ALL	180	40	54	14	11	3	8
ALL	181	5	8	2	0	2	1
ALL	182	195	245	39	6	33	46
ALL	183	27	33	6	0	6	10
ALL	184	1	1	0	0	0	0
ALL	187	0	1	0	0	0	0
ALL	188	24	32	8	4	4	4
ALL	189	5	4	2	0	2	2
ALL	192	0	1	0	0	0	0
ALL	193	3	7	1	1	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	166	0	2	0	0	1	2
ALL	167	0	1	0	0	0	0
ALL	168	0	0	0	0	0	1
ALL	170	0	2	0	0	0	1
ALL	172	0	11	0	1	0	5
ALL	173	0	0	0	0	0	0
ALL	174	0	42	1	1	1	10
ALL	175	0	2	0	0	0	2
ALL	176	0	1	0	0	0	1
ALL	177	0	2	0	0	0	1
ALL	178	0	0	0	0	0	0
ALL	179	0	2	0	0	0	0
ALL	180	0	10	0	2	0	6
ALL	181	0	2	0	0	0	0
ALL	182	1	81	1	4	0	23
ALL	183	0	9	0	0	0	2
ALL	184	0	1	0	0	0	0
ALL	187	0	0	0	0	0	0
ALL	188	0	10	0	1	0	1
ALL	189	0	0	0	0	0	1
ALL	192	0	0	0	0	0	0
ALL	193	1	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	194	1	1	0	0	0	0
ALL	195	5	15	1	1	0	0
ALL	196	1	3	0	0	0	0
ALL	197	16	35	4	2	2	0
ALL	198	5	13	0	0	0	0
ALL	199	3	3	1	1	0	0
ALL	200	1	1	1	1	0	0
ALL	201	0	2	0	0	0	0
ALL	202	16	15	5	4	1	4
ALL	203	8	22	2	2	0	0
ALL	204	10	22	1	0	1	2
ALL	205	19	16	6	4	2	3
ALL	206	1	2	1	1	0	0
ALL	207	23	33	6	3	3	4
ALL	208	7	6	2	2	0	2
ALL	209	71	91	0	0	0	0
ALL	210	60	80	3	3	0	0
ALL	211	2	2	1	0	1	0
ALL	213	1	2	0	0	0	0
ALL	214	15	20	2	0	2	0
ALL	215	10	11	2	0	2	0
ALL	216	0	2	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	194	0	1	0	0	0	0
ALL	195	0	4	0	0	0	0
ALL	196	0	1	0	0	0	0
ALL	197	1	9	1	0	0	1
ALL	198	1	4	0	0	0	0
ALL	199	0	2	0	0	0	0
ALL	200	0	0	0	0	0	0
ALL	201	0	0	0	0	0	0
ALL	202	0	7	0	0	0	0
ALL	203	0	6	0	0	0	0
ALL	204	0	6	0	0	0	1
ALL	205	0	8	1	0	0	1
ALL	206	0	0	0	0	0	0
ALL	207	0	11	0	0	0	2
ALL	208	0	2	0	0	0	1
ALL	209	8	57	0	0	0	6
ALL	210	2	49	2	0	2	2
ALL	211	0	1	0	0	0	0
ALL	213	0	1	0	0	0	0
ALL	214	2	11	0	0	0	0
ALL	215	1	7	0	0	0	0
ALL	216	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	217	0	3	0	0	0	0
ALL	218	6	10	0	0	0	0
ALL	219	4	5	1	1	0	0
ALL	221	3	8	1	1	0	1
ALL	222	1	3	0	0	0	1
ALL	223	3	6	0	0	0	0
ALL	224	1	1	0	0	0	0
ALL	225	21	34	1	0	1	3
ALL	226	2	3	2	1	1	0
ALL	227	1	1	0	0	0	1
ALL	228	1	1	1	0	1	0
ALL	229	3	4	1	0	1	0
ALL	230	1	2	0	0	0	1
ALL	231	10	9	4	2	2	2
ALL	233	1	1	0	0	0	1
ALL	234	3	3	2	1	1	1
ALL	235	4	4	1	1	0	1
ALL	236	34	41	4	3	1	3
ALL	237	3	4	0	0	0	2
ALL	238	2	1	1	1	0	0
ALL	239	43	45	14	9	5	15
ALL	240	20	16	8	8	0	8

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	217	0	0	0	0	0	0
ALL	218	0	6	0	0	0	0
ALL	219	0	3	0	0	0	0
ALL	221	0	1	0	0	0	0
ALL	222	0	0	0	0	0	0
ALL	223	0	3	0	0	0	0
ALL	224	0	1	0	0	0	0
ALL	225	0	15	0	0	0	2
ALL	226	0	0	0	0	0	0
ALL	227	0	0	0	0	0	0
ALL	228	0	0	0	0	0	0
ALL	229	0	2	0	0	0	0
ALL	230	0	0	0	0	0	0
ALL	231	1	3	0	0	0	0
ALL	233	0	0	0	0	0	0
ALL	234	0	0	0	0	0	0
ALL	235	0	2	0	0	0	0
ALL	236	0	22	1	2	0	2
ALL	237	0	1	0	0	0	0
ALL	238	0	1	0	0	0	0
ALL	239	1	11	0	0	0	2
ALL	240	0	4	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	241	4	4	1	0	1	3
ALL	242	3	2	1	1	0	0
ALL	243	107	113	11	3	8	34
ALL	244	20	19	3	1	2	8
ALL	245	4	4	2	0	2	2
ALL	246	7	5	2	0	2	4
ALL	247	8	8	2	0	2	4
ALL	248	11	10	3	0	3	3
ALL	249	0	1	0	0	0	0
ALL	250	9	16	1	0	1	3
ALL	251	1	1	0	0	0	0
ALL	253	24	21	5	1	4	3
ALL	254	1	2	0	0	0	0
ALL	256	5	10	0	0	0	2
ALL	257	9	23	1	0	1	0
ALL	258	0	1	0	0	0	0
ALL	259	2	2	1	0	1	0
ALL	261	3	3	1	1	0	2
ALL	262	5	10	1	0	1	3
ALL	263	4	5	0	0	0	0
ALL	264	3	3	2	0	2	1
ALL	265	3	3	1	1	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	241	0	0	0	0	0	0
ALL	242	0	2	0	0	0	0
ALL	243	1	49	2	1	1	8
ALL	244	0	7	1	0	0	1
ALL	245	0	0	0	0	0	0
ALL	246	0	1	0	0	0	0
ALL	247	1	0	0	0	0	1
ALL	248	0	5	0	0	0	0
ALL	249	0	0	0	0	0	0
ALL	250	0	5	0	0	0	0
ALL	251	0	1	0	0	0	0
ALL	253	1	9	2	1	0	3
ALL	254	0	1	0	0	0	0
ALL	256	0	3	0	0	0	0
ALL	257	2	6	0	0	0	0
ALL	258	0	0	0	0	0	0
ALL	259	0	1	0	0	0	0
ALL	261	0	0	0	0	0	0
ALL	262	0	1	0	0	0	0
ALL	263	1	3	0	0	0	0
ALL	264	0	0	0	0	0	0
ALL	265	0	2	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	266	3	6	0	0	0	2
ALL	267	1	1	0	0	0	1
ALL	268	1	2	0	0	0	1
ALL	269	7	7	3	0	3	1
ALL	270	2	3	1	0	1	1
ALL	271	20	18	9	7	2	3
ALL	272	5	11	2	2	0	1
ALL	273	0	1	0	0	0	0
ALL	274	1	2	1	1	0	0
ALL	275	2	1	1	0	1	0
ALL	277	17	41	5	4	1	2
ALL	278	1	2	1	0	1	0
ALL	280	24	20	6	0	6	7
ALL	281	3	7	1	0	1	0
ALL	283	7	8	1	0	1	3
ALL	285	6	6	1	1	0	0
ALL	286	1	2	0	0	0	0
ALL	287	2	3	1	1	0	0
ALL	289	2	2	1	0	1	0
ALL	290	5	8	0	0	0	0
ALL	292	2	2	0	0	0	0
ALL	294	89	121	18	7	11	27

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	266	0	1	0	0	0	0
ALL	267	0	0	0	0	0	0
ALL	268	0	0	0	0	0	0
ALL	269	0	2	0	0	0	1
ALL	270	0	0	0	0	0	0
ALL	271	0	5	0	1	0	2
ALL	272	0	2	0	0	0	0
ALL	273	0	0	0	0	0	0
ALL	274	0	0	0	0	0	0
ALL	275	0	0	0	0	0	1
ALL	277	0	6	0	2	0	2
ALL	278	0	0	0	0	0	0
ALL	280	0	9	0	0	0	2
ALL	281	0	2	0	0	0	0
ALL	283	0	2	0	0	0	1
ALL	285	1	3	0	0	0	1
ALL	286	0	1	0	0	0	0
ALL	287	0	1	0	0	0	0
ALL	289	0	1	0	0	0	0
ALL	290	0	5	0	0	0	0
ALL	292	0	2	0	0	0	0
ALL	294	0	38	1	0	0	5

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE GLASS
UNWEIGHTED DATA

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	295	3	6	0	0	0	0
ALL	296	129	173	37	29	8	12
ALL	297	7	9	4	1	3	0
ALL	299	1	1	1	1	0	0
ALL	300	6	8	2	2	0	2
ALL	301	0	1	0	0	0	0
ALL	302	0	2	0	0	0	0
ALL	303	4	9	0	0	0	0
ALL	304	7	9	2	2	0	1
ALL	306	16	26	10	10	0	1
ALL	307	1	3	1	0	1	0
ALL	308	9	14	5	3	2	1
ALL	309	2	2	1	1	0	1
ALL	310	10	29	2	0	2	3
ALL	311	4	4	2	0	2	2
ALL	312	2	6	1	1	0	0
ALL	313	1	2	0	0	0	1
ALL	315	4	10	2	1	1	0
ALL	316	19	30	9	8	1	1
ALL	318	9	8	5	4	1	1
ALL	320	69	107	17	6	11	11
ALL	321	4	7	1	0	1	2

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	295	0	3	0	0	0	0
ALL	296	0	60	0	5	1	14
ALL	297	0	1	0	1	0	1
ALL	299	0	0	0	0	0	0
ALL	300	1	1	0	0	0	0
ALL	301	0	0	0	0	0	0
ALL	302	0	0	0	0	0	0
ALL	303	2	1	0	0	1	0
ALL	304	0	4	0	0	0	0
ALL	306	3	2	0	0	0	0
ALL	307	0	0	0	0	0	0
ALL	308	1	1	0	0	0	1
ALL	309	0	0	0	0	0	0
ALL	310	1	3	0	0	0	1
ALL	311	0	0	0	0	0	0
ALL	312	0	1	0	0	0	0
ALL	313	0	0	0	0	0	0
ALL	315	0	2	0	0	0	0
ALL	316	1	3	0	1	0	4
ALL	318	0	3	0	0	0	0
ALL	320	0	22	1	6	0	12
ALL	321	0	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	323	13	21	2	0	2	3
ALL	324	3	10	1	0	1	2
ALL	325	16	22	4	1	3	6
ALL	326	1	1	0	0	0	1
ALL	328	2	4	1	0	1	0
ALL	331	17	18	7	3	4	2
ALL	332	1	2	1	0	1	0
ALL	334	3	5	2	2	0	0
ALL	335	0	2	0	0	0	0
ALL	336	49	99	5	3	2	1
ALL	337	7	17	2	0	2	0
ALL	338	3	9	0	0	0	0
ALL	339	2	8	0	0	0	1
ALL	341	1	1	0	0	0	0
ALL	342	2	3	0	0	0	1
ALL	344	0	2	0	0	0	0
ALL	345	2	2	1	0	1	0
ALL	346	4	12	1	1	0	2
ALL	348	9	10	3	2	1	5
ALL	349	4	5	2	0	2	2
ALL	350	4	10	1	1	0	1
ALL	353	0	3	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	323	0	4	1	0	0	3
ALL	324	0	0	0	0	0	0
ALL	325	0	5	0	0	0	1
ALL	326	0	0	0	0	0	0
ALL	328	0	0	0	0	0	1
ALL	331	0	7	0	0	0	1
ALL	332	0	0	0	0	0	0
ALL	334	0	1	0	0	0	0
ALL	335	0	0	0	0	0	0
ALL	336	14	26	0	0	0	3
ALL	337	0	5	0	0	0	0
ALL	338	1	2	0	0	0	0
ALL	339	0	1	0	0	0	0
ALL	341	0	1	0	0	0	0
ALL	342	0	1	0	0	0	0
ALL	344	0	0	0	0	0	0
ALL	345	0	1	0	0	0	0
ALL	346	0	1	0	0	0	0
ALL	348	0	1	0	0	0	0
ALL	349	0	0	0	0	0	0
ALL	350	1	1	0	0	0	0
ALL	353	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	354	16	22	2	2	0	0
ALL	355	3	6	1	0	1	0
ALL	356	6	16	0	0	0	0
ALL	357	0	1	0	0	0	0
ALL	358	2	3	0	0	0	1
ALL	360	0	3	0	0	0	0
ALL	363	2	4	0	0	0	2
ALL	364	4	9	1	0	1	2
ALL	366	3	3	2	2	0	1
ALL	367	2	1	1	0	1	0
ALL	368	4	2	1	1	0	2
ALL	369	4	4	1	0	1	1
ALL	389	2	1	1	0	1	1
ALL	392	4	4	1	0	1	0
ALL	395	35	60	7	2	5	8
ALL	397	1	4	1	1	0	0
ALL	398	1	7	0	0	0	0
ALL	400	2	3	1	1	0	0
ALL	401	2	1	0	0	0	1
ALL	402	0	1	0	0	0	0
ALL	403	22	28	7	7	0	4
ALL	404	3	4	3	3	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	354	2	12	0	0	0	0
ALL	355	1	1	0	0	0	0
ALL	356	0	6	0	0	0	0
ALL	357	0	0	0	0	0	0
ALL	358	0	1	0	0	0	0
ALL	360	0	0	0	0	0	0
ALL	363	0	0	0	0	0	0
ALL	364	0	1	0	0	0	0
ALL	366	0	0	0	0	0	0
ALL	367	0	1	0	0	0	0
ALL	368	0	0	0	0	0	1
ALL	369	0	2	0	0	0	0
ALL	389	0	0	0	0	0	0
ALL	392	0	3	0	0	0	0
ALL	395	0	15	1	0	0	4
ALL	397	0	0	0	0	0	0
ALL	398	0	1	0	0	0	0
ALL	400	1	0	0	0	0	0
ALL	401	0	0	1	0	0	0
ALL	402	0	0	0	0	0	0
ALL	403	2	5	0	0	0	4
ALL	404	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	406	3	2	2	1	1	0
ALL	407	1	1	1	1	0	0
ALL	409	2	4	1	1	0	1
ALL	410	13	58	2	0	2	7
ALL	411	0	1	0	0	0	0
ALL	412	2	2	2	0	2	0
ALL	413	11	15	7	3	4	1
ALL	414	1	2	0	0	0	0
ALL	415	14	16	8	8	0	0
ALL	416	47	51	22	20	2	0
ALL	418	2	5	1	1	0	0
ALL	419	10	13	4	2	2	1
ALL	420	2	3	0	0	0	1
ALL	421	12	14	3	0	3	3
ALL	423	15	10	9	9	0	2
ALL	424	5	7	3	3	0	0
ALL	425	14	15	2	1	1	7
ALL	426	17	21	10	6	4	3
ALL	428	2	2	1	1	0	1
ALL	429	24	22	5	5	0	7
ALL	430	15	38	7	5	2	2
ALL	432	1	1	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	406	1	0	0	0	0	0
ALL	407	0	0	0	0	0	0
ALL	409	0	0	0	0	0	0
ALL	410	1	3	0	0	0	0
ALL	411	0	0	0	0	0	0
ALL	412	0	0	0	0	0	0
ALL	413	0	2	0	1	0	0
ALL	414	0	1	0	0	0	0
ALL	415	0	5	0	0	0	1
ALL	416	0	15	0	1	0	9
ALL	418	0	1	0	0	0	0
ALL	419	0	5	0	0	0	0
ALL	420	0	1	0	0	0	0
ALL	421	0	5	0	0	0	1
ALL	423	0	4	0	0	0	0
ALL	424	0	2	0	0	0	0
ALL	425	0	1	0	0	0	4
ALL	426	0	1	0	1	0	2
ALL	428	0	0	0	0	0	0
ALL	429	0	10	1	0	0	1
ALL	430	0	3	0	0	0	3
ALL	432	0	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	433	3	3	0	0	0	1
ALL	434	2	1	0	0	0	0
ALL	436	8	10	2	2	0	1
ALL	437	3	2	1	0	1	0
ALL	438	12	16	3	0	3	2
ALL	439	0	3	0	0	0	0
ALL	440	1	1	0	0	0	0
ALL	442	4	13	0	0	0	1
ALL	443	4	3	1	0	1	0
ALL	444	3	4	1	1	0	2
ALL	447	2	2	1	0	1	1
ALL	449	27	33	17	5	12	3
ALL	450	6	5	3	0	3	0
ALL	452	11	14	6	1	5	0
ALL	453	2	2	0	0	0	0
ALL	454	3	5	2	1	1	0
ALL	460	3	5	0	0	0	1
ALL	461	4	5	2	1	1	1
ALL	463	18	15	9	2	7	1
ALL	464	7	6	3	1	2	2
ALL	466	2	2	1	1	0	1
ALL	467	5	5	3	2	1	1

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	433	0	2	0	0	0	0
ALL	434	0	0	0	1	0	1
ALL	436	0	5	0	0	0	0
ALL	437	0	2	0	0	0	0
ALL	438	0	4	0	1	0	2
ALL	439	0	0	0	0	0	0
ALL	440	0	1	0	0	0	0
ALL	442	0	3	0	0	0	0
ALL	443	1	1	0	0	0	1
ALL	444	0	0	0	0	0	0
ALL	447	0	0	0	0	0	0
ALL	449	0	4	0	0	0	3
ALL	450	0	3	0	0	0	0
ALL	452	0	3	0	0	0	2
ALL	453	0	1	0	0	0	1
ALL	454	0	1	0	0	0	0
ALL	460	0	2	0	0	0	0
ALL	461	0	1	0	0	0	0
ALL	463	0	8	0	0	0	0
ALL	464	0	1	0	0	0	1
ALL	466	0	0	0	0	0	0
ALL	467	0	0	0	0	0	1

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	468	45	66	18	15	3	3
<100	TOTAL	1786	2276	538	345	193	286
100-299	TOTAL	1553	2388	441	263	178	241
300+	TOTAL	1442	2386	395	228	167	213
<100	5	1	2	0	0	0	0
<100	10	5	5	1	1	0	1
<100	12	6	7	3	2	1	1
<100	14	68	78	24	21	3	2
<100	15	38	43	6	2	4	5
<100	16	7	4	4	1	3	0
<100	17	10	6	4	3	1	3
<100	18	3	3	0	0	0	3
<100	20	2	2	1	1	0	0
<100	22	13	16	4	3	1	2
<100	23	1	1	1	1	0	0
<100	24	13	19	0	0	0	4
<100	27	1	1	0	0	0	0
<100	28	3	3	0	0	0	0
<100	31	1	3	0	0	0	0
<100	32	1	2	0	0	0	0
<100	38	0	1	0	0	0	0
<100	39	5	5	0	0	0	4

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	468	1	18	0	1	1	3
<100	TOTAL	9	606	40	47	1	259
100-299	TOTAL	40	677	5	18	9	122
300+	TOTAL	61	672	5	9	4	83
<100	5	0	1	0	0	0	0
<100	10	0	3	0	0	0	0
<100	12	0	2	0	0	0	0
<100	14	0	19	5	1	0	17
<100	15	0	16	1	1	0	9
<100	16	0	3	0	0	0	0
<100	17	0	2	0	0	0	1
<100	18	0	0	0	0	0	0
<100	20	0	1	0	0	0	0
<100	22	0	5	0	0	0	2
<100	23	0	0	0	0	0	0
<100	24	0	5	0	0	0	4
<100	27	0	0	0	0	0	1
<100	28	0	2	0	0	0	1
<100	31	0	0	0	0	0	1
<100	32	0	1	0	0	0	0
<100	38	0	0	0	0	0	0
<100	39	0	0	0	0	0	1

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	43	1	1	0	0	0	0
<100	46	2	1	1	0	1	1
<100	47	1	1	0	0	0	0
<100	53	0	1	0	0	0	0
<100	64	1	1	0	0	0	1
<100	65	15	10	1	0	1	5
<100	66	1	2	0	0	0	1
<100	68	20	29	6	4	2	6
<100	69	2	4	0	0	0	1
<100	73	1	1	0	0	0	0
<100	78	2	4	0	0	0	0
<100	79	13	19	7	7	0	1
<100	82	12	14	3	2	1	4
<100	83	5	3	2	2	0	2
<100	84	2	1	1	0	1	1
<100	85	10	6	4	4	0	1
<100	87	47	39	27	26	1	2
<100	88	61	53	28	20	8	7
<100	89	121	182	38	36	2	7
<100	90	2	6	0	0	0	1
<100	92	2	3	2	1	1	0
<100	94	0	1	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	43	0	1	0	0	0	0
<100	46	0	0	0	0	0	0
<100	47	0	1	0	0	0	0
<100	53	0	0	0	0	0	0
<100	64	0	0	0	0	0	0
<100	65	0	5	0	0	0	4
<100	66	0	0	0	0	0	0
<100	68	0	5	0	0	0	3
<100	69	0	1	0	0	0	0
<100	73	0	0	0	0	0	1
<100	78	0	2	0	0	0	0
<100	79	0	4	0	0	0	1
<100	82	0	2	0	1	0	2
<100	83	0	0	1	0	0	0
<100	84	0	0	0	0	0	0
<100	85	0	4	0	0	0	1
<100	87	0	9	0	2	0	7
<100	88	0	17	2	0	0	7
<100	89	0	47	5	4	0	20
<100	90	0	1	0	0	0	0
<100	92	0	0	0	0	0	0
<100	94	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	95	2	1	0	0	0	0
<100	96	42	79	7	1	6	10
<100	97	5	7	4	0	4	0
<100	99	20	17	11	4	7	0
<100	100	1	2	0	0	0	1
<100	101	10	8	3	2	1	2
<100	108	2	2	2	2	0	0
<100	110	0	1	0	0	0	0
<100	111	0	1	0	0	0	0
<100	112	0	2	0	0	0	0
<100	113	0	3	0	0	0	0
<100	114	1	1	0	0	0	0
<100	116	0	1	0	0	0	0
<100	117	0	1	0	0	0	0
<100	121	13	26	8	8	0	0
<100	122	17	36	6	3	3	1
<100	123	3	17	1	1	0	0
<100	124	0	1	0	0	0	0
<100	126	2	2	2	2	0	0
<100	127	94	133	21	18	3	8
<100	128	4	8	0	0	0	0
<100	129	7	4	4	4	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	95	0	0	0	1	0	1
<100	96	0	15	1	2	0	7
<100	97	0	1	0	0	0	0
<100	99	0	6	2	0	0	1
<100	100	0	0	0	0	0	0
<100	101	0	5	0	0	0	0
<100	108	0	0	0	0	0	0
<100	110	0	0	0	0	0	0
<100	111	0	0	0	0	0	0
<100	112	0	0	0	0	0	0
<100	113	0	0	0	0	0	0
<100	114	0	1	0	0	0	0
<100	116	0	0	0	0	0	0
<100	117	0	0	0	0	0	0
<100	121	0	4	0	0	0	1
<100	122	0	1	2	3	0	4
<100	123	0	0	0	0	0	2
<100	124	0	0	0	0	0	0
<100	126	0	0	0	0	0	0
<100	127	0	40	4	3	0	18
<100	128	0	1	0	1	0	2
<100	129	0	0	0	0	0	3

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	.NTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	130	17	20	7	6	1	4
<100	131	2	4	1	0	1	1
<100	132	34	20	18	15	3	1
<100	133	3	2	1	1	0	0
<100	134	19	20	7	1	6	4
<100	135	2	1	1	1	0	0
<100	138	17	53	4	2	2	2
<100	139	3	7	1	1	0	0
<100	140	59	95	12	7	5	5
<100	141	31	29	9	3	6	6
<100	142	5	3	2	0	2	0
<100	143	9	15	2	0	2	1
<100	144	2	4	0	0	0	0
<100	145	4	6	3	2	1	0
<100	146	4	3	1	1	0	0
<100	148	8	14	0	0	0	0
<100	149	0	1	0	0	0	0
<100	150	3	2	1	0	1	0
<100	152	1	3	1	0	1	0
<100	154	1	4	0	0	0	0
<100	157	2	6	0	0	0	1
<100	158	3	3	1	0	1	2

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	130	0	3	0	0	0	3
<100	131	0	0	0	0	0	0
<100	132	0	10	0	1	0	4
<100	133	0	2	0	0	0	0
<100	134	0	6	0	0	0	2
<100	135	0	1	0	0	0	0
<100	138	0	6	0	1	0	4
<100	139	0	1	0	0	0	1
<100	140	0	30	0	1	0	11
<100	141	0	7	0	1	0	8
<100	142	0	3	0	0	0	0
<100	143	0	3	0	0	0	3
<100	144	0	1	1	0	0	0
<100	145	0	1	0	0	0	0
<100	146	1	1	0	0	0	1
<100	148	1	4	0	1	0	2
<100	149	0	0	0	0	0	0
<100	150	0	1	0	0	0	1
<100	152	0	0	0	0	0	0
<100	154	0	1	0	0	0	0
<100	157	1	0	0	0	0	0
<100	158	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	159	8	10	2	2	0	0
<100	161	3	11	2	0	2	0
<100	162	5	11	2	0	2	0
<100	166	0	1	0	0	0	0
<100	168	2	1	0	0	0	1
<100	170	3	3	2	2	0	0
<100	172	16	11	6	5	1	2
<100	173	1	1	0	0	0	1
<100	174	25	31	6	6	0	1
<100	175	2	2	1	0	1	0
<100	176	3	4	1	1	0	0
<100	177	3	4	2	0	2	0
<100	178	1	2	0	0	0	1
<100	179	2	2	1	1	0	0
<100	180	16	23	8	5	3	1
<100	181	2	1	1	0	1	0
<100	182	103	116	19	2	17	23
<100	183	8	10	1	0	1	4
<100	188	9	11	2	2	0	2
<100	189	0	1	0	0	0	0
<100	192	0	1	0	0	0	0
<100	193	1	2	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	159	0	6	0	0	0	0
<100	161	0	1	0	0	0	0
<100	162	1	2	0	0	0	0
<100	166	0	0	0	0	0	0
<100	168	0	0	0	0	0	1
<100	170	0	1	0	0	0	0
<100	172	0	4	0	1	0	3
<100	173	0	0	0	0	0	0
<100	174	0	13	1	0	1	3
<100	175	0	0	0	0	0	1
<100	176	0	1	0	0	0	1
<100	177	0	0	0	0	0	1
<100	178	0	0	0	0	0	0
<100	179	0	1	0	0	0	0
<100	180	0	4	0	1	0	2
<100	181	0	1	0	0	0	0
<100	182	0	40	1	3	0	17
<100	183	0	2	0	0	0	1
<100	188	0	3	0	1	0	1
<100	189	0	0	0	0	0	0
<100	192	0	0	0	0	0	0
<100	193	0	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	196	0	2	0	0	0	0
<100	197	6	11	1	0	1	0
<100	198	2	4	0	0	0	0
<100	199	0	1	0	0	0	0
<100	202	7	6	2	2	0	1
<100	203	4	8	0	0	0	0
<100	204	2	6	1	0	1	1
<100	205	8	3	3	3	0	0
<100	206	0	1	0	0	0	0
<100	207	4	11	2	1	1	0
<100	208	3	4	1	1	0	1
<100	209	12	15	0	0	0	0
<100	210	19	20	0	0	0	0
<100	214	1	1	0	0	0	0
<100	221	1	1	1	1	0	0
<100	225	8	20	1	0	1	1
<100	228	1	1	1	0	1	0
<100	231	2	2	0	0	0	0
<100	234	3	3	2	1	1	1
<100	235	4	3	1	1	0	1
<100	236	18	20	2	1	1	2
<100	237	2	2	0	0	0	2

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	196	0	0	0	0	0	0
<100	197	0	3	1	0	0	1
<100	198	0	2	0	0	0	0
<100	199	0	0	0	0	0	0
<100	202	0	4	0	0	0	0
<100	203	0	4	0	0	0	0
<100	204	0	0	0	0	0	0
<100	205	0	3	1	0	0	1
<100	206	0	0	0	0	0	0
<100	207	0	2	0	0	0	0
<100	208	0	1	0	0	0	0
<100	209	0	8	0	0	0	4
<100	210	0	15	2	0	0	2
<100	214	0	1	0	0	0	0
<100	221	0	0	0	0	0	0
<100	225	0	5	0	0	0	1
<100	228	0	0	0	0	0	0
<100	231	1	1	0	0	0	0
<100	234	0	0	0	0	0	0
<100	235	0	2	0	0	0	0
<100	236	0	11	1	1	0	1
<100	237	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	238	2	1	1	1	0	0
<100	239	10	8	3	2	1	5
<100	240	9	7	5	5	0	2
<100	241	1	2	0	0	0	1
<100	243	41	43	3	1	2	21
<100	244	9	8	1	0	1	3
<100	245	2	2	1	0	1	1
<100	246	4	3	1	0	1	3
<100	247	2	2	1	0	1	1
<100	248	4	4	2	0	2	1
<100	250	4	10	0	0	0	2
<100	253	13	10	3	1	2	1
<100	256	2	4	0	0	0	0
<100	257	4	8	0	0	0	0
<100	258	0	1	0	0	0	0
<100	259	2	1	1	0	1	0
<100	262	2	2	0	0	0	2
<100	263	1	1	0	0	0	0
<100	265	1	1	1	1	0	0
<100	266	0	2	0	0	0	0
<100	267	1	1	0	0	0	1
<100	269	1	1	0	0	0	0

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	238	0	1	0	0	0	0
<100	239	0	2	0	0	0	0
<100	240	0	2	0	0	0	0
<100	241	0	0	0	0	0	0
<100	243	1	11	2	0	0	3
<100	244	0	3	1	0	0	1
<100	245	0	0	0	0	0	0
<100	246	0	0	0	0	0	0
<100	247	0	0	0	0	0	0
<100	248	0	1	0	0	0	0
<100	250	0	2	0	0	0	0
<100	253	1	5	2	0	0	1
<100	256	0	2	0	0	0	0
<100	257	1	3	0	0	0	0
<100	258	0	0	0	0	0	0
<100	259	0	1	0	0	0	0
<100	262	0	0	0	0	0	0
<100	263	0	1	0	0	0	0
<100	265	0	0	0	0	0	0
<100	266	0	0	0	0	0	0
<100	267	0	0	0	0	0	0
<100	269	0	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	271	6	7	2	2	0	0
<100	272	1	2	0	0	0	0
<100	274	1	2	1	1	0	0
<100	275	2	1	1	0	1	0
<100	277	8	21	1	1	0	2
<100	278	1	2	1	0	1	0
<100	280	14	11	4	0	4	6
<100	281	2	2	1	0	1	0
<100	283	3	3	1	0	1	2
<100	287	0	1	0	0	0	0
<100	290	0	1	0	0	0	0
<100	292	1	1	0	0	0	0
<100	294	42	55	7	2	5	18
<100	295	1	3	0	0	0	0
<100	296	67	73	21	17	4	6
<100	297	2	4	1	0	1	0
<100	300	2	2	1	1	0	1
<100	304	1	1	1	1	0	0
<100	306	7	7	7	7	0	0
<100	308	3	4	2	0	2	1
<100	310	3	3	1	0	1	0
<100	312	1	1	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
<100	271	0	1	0	1	0	2
<100	272	0	1	0	0	0	0
<100	274	0	0	0	0	0	0
<100	275	0	0	0	0	0	1
<100	277	0	3	0	1	0	1
<100	278	0	0	0	0	0	0
<100	280	0	3	0	0	0	1
<100	281	0	1	0	0	0	0
<100	283	0	0	0	0	0	0
<100	287	0	0	0	0	0	0
<100	290	0	0	0	0	0	0
<100	292	0	1	0	0	0	0
<100	294	0	13	1	0	0	3
<100	295	0	1	0	0	0	0
<100	296	0	27	0	5	0	8
<100	297	0	1	0	0	0	0
<100	300	0	0	0	0	0	0
<100	304	0	0	0	0	0	0
<100	306	0	0	0	0	0	0
<100	308	0	0	0	0	0	0
<100	310	0	1	0	0	0	1
<100	312	0	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	315	2	1	1	0	1	0
<100	316	11	11	5	5	0	1
<100	318	1	1	1	1	0	0
<100	320	34	49	4	2	2	7
<100	321	1	2	1	0	1	0
<100	323	5	8	0	0	0	0
<100	324	2	3	1	0	1	1
<100	325	4	6	1	0	1	2
<100	328	0	1	0	0	0	0
<100	331	3	4	3	1	2	0
<100	336	6	15	2	2	0	0
<100	337	1	3	0	0	0	0
<100	338	0	1	0	0	0	0
<100	339	0	2	0	0	0	0
<100	346	1	5	0	0	0	1
<100	348	2	2	2	2	0	0
<100	350	1	4	0	0	0	0
<100	353	0	1	0	0	0	0
<100	354	4	5	0	0	0	0
<100	355	2	3	1	0	1	0
<100	356	1	3	0	0	0	0
<100	364	1	2	0	0	0	1

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	315	0	1	0	0	0	0
<100	316	0	1	0	1	0	3
<100	318	0	0	0	0	0	0
<100	320	0	8	1	5	0	9
<100	321	0	0	0	0	0	0
<100	323	0	2	1	0	0	2
<100	324	0	0	0	0	0	0
<100	325	0	0	0	0	0	1
<100	328	0	0	0	0	0	0
<100	331	0	0	0	0	0	0
<100	336	0	4	0	0	0	0
<100	337	0	1	0	0	0	0
<100	338	0	0	0	0	0	0
<100	339	0	0	0	0	0	0
<100	346	0	0	0	0	0	0
<100	348	0	0	0	0	0	0
<100	350	0	1	0	0	0	0
<100	353	0	0	0	0	0	0
<100	354	0	4	0	0	0	0
<100	355	1	0	0	0	0	0
<100	356	0	1	0	0	0	0
<100	364	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	366	1	1	1	1	0	0
<100	368	1	1	0	0	0	1
<100	369	1	1	0	0	0	1
<100	395	7	11	2	1	1	1
<100	403	3	4	3	3	0	0
<100	410	0	1	0	0	0	0
<100	413	5	3	3	0	3	0
<100	414	0	1	0	0	0	0
<100	416	14	13	7	6	1	0
<100	418	1	2	1	1	0	0
<100	419	3	5	2	2	0	0
<100	420	1	2	0	0	0	0
<100	421	9	9	2	0	2	3
<100	423	2	1	1	1	0	0
<100	425	8	7	0	0	0	6
<100	426	6	6	3	2	1	2
<100	429	14	12	2	2	0	5
<100	430	7	11	3	2	1	1
<100	433	3	3	0	0	0	1
<100	434	2	1	0	0	0	0
<100	436	3	5	1	1	0	1
<100	438	7	7	3	0	3	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	366	0	0	0	0	0	0
<100	368	0	0	0	0	0	0
<100	369	0	0	0	0	0	0
<100	395	0	2	0	0	0	2
<100	403	0	0	0	0	0	0
<100	410	0	0	0	0	0	0
<100	413	0	1	0	1	0	0
<100	414	0	0	0	0	0	0
<100	416	0	4	0	0	0	3
<100	418	0	0	0	0	0	0
<100	419	0	1	0	0	0	0
<100	420	0	1	0	0	0	0
<100	421	0	3	0	0	0	1
<100	423	0	1	0	0	0	0
<100	425	0	0	0	0	0	2
<100	426	0	0	0	0	0	1
<100	429	0	5	1	0	0	1
<100	430	0	1	0	0	0	2
<100	433	0	2	0	0	0	0
<100	434	0	0	0	1	0	1
<100	436	0	1	0	0	0	0
<100	438	0	1	0	1	0	2

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	439	0	1	0	0	0	0
<100	442	1	4	0	0	0	1
<100	443	1	1	0	0	0	0
<100	444	1	2	0	0	0	1
<100	447	2	2	1	0	1	1
<100	449	11	12	6	2	4	2
<100	450	2	2	1	0	1	0
<100	452	1	1	1	0	1	0
<100	453	2	1	0	0	0	0
<100	454	0	3	0	0	0	0
<100	460	1	1	0	0	0	0
<100	463	15	10	8	1	7	1
<100	464	4	3	1	1	0	1
<100	466	1	1	0	0	0	1
<100	468	10	9	5	4	1	2
100-299	1	1	3	0	0	0	0
100-299	4	1	1	0	0	0	0
100-299	5	6	11	0	0	0	0
100-299	7	1	1	0	0	0	0
100-299	9	0	1	0	0	0	0
100-299	10	4	7	0	0	0	1
100-299	12	9	8	5	4	1	2

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	439	0	0	0	0	0	0
<100	442	0	0	0	0	0	0
<100	443	0	1	0	0	0	0
<100	444	0	0	0	0	0	0
<100	447	0	0	0	0	0	0
<100	449	0	1	0	0	0	2
<100	450	0	1	0	0	0	0
<100	452	0	0	0	0	0	0
<100	453	0	1	0	0	0	1
<100	454	0	0	0	0	0	0
<100	460	0	1	0	0	0	0
<100	463	0	6	0	0	0	0
<100	464	0	1	0	0	0	1
<100	466	0	0	0	0	0	0
<100	468	0	3	0	0	0	0
100-299	1	1	0	0	0	0	0
100-299	4	1	0	0	0	0	0
100-299	5	2	3	1	0	0	0
100-299	7	0	1	0	0	0	0
100-299	9	0	0	0	0	0	0
100-299	10	0	3	0	0	0	0
100-299	12	0	2	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	13	2	2	0	0	0	0
100-299	14	33	67	9	9	0	5
100-299	15	38	50	8	2	6	5
100-299	16	8	6	4	1	3	0
100-299	17	3	3	2	1	1	1
100-299	18	5	6	1	1	0	0
100-299	20	1	1	0	0	0	0
100-299	22	4	4	1	1	0	1
100-299	23	0	1	0	0	0	0
100-299	24	15	15	2	1	1	3
100-299	25	4	4	1	0	1	0
100-299	27	1	1	1	1	0	0
100-299	28	0	5	0	0	0	0
100-299	31	1	2	0	0	0	0
100-299	34	1	1	0	0	0	0
100-299	36	0	1	0	0	0	0
100-299	39	26	31	0	0	0	25
100-299	40	1	1	0	0	0	0
100-299	42	1	1	0	0	0	0
100-299	45	1	1	0	0	0	1
100-299	47	1	1	0	0	0	1
100-299	50	0	1	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	13	0	2	0	0	0	0
100-299	14	0	14	0	0	0	5
100-299	15	1	20	0	0	0	4
100-299	16	0	4	0	0	0	0
100-299	17	0	0	0	0	0	0
100-299	18	0	4	0	0	0	0
100-299	20	0	1	0	0	0	0
100-299	22	0	2	0	0	0	0
100-299	23	0	0	0	0	0	0
100-299	24	0	7	0	0	0	3
100-299	25	0	3	0	0	0	0
100-299	27	0	0	0	0	0	0
100-299	28	0	0	0	0	0	0
100-299	31	0	1	0	0	0	0
100-299	34	0	1	0	0	0	0
100-299	36	0	0	0	0	0	0
100-299	39	0	1	0	0	0	0
100-299	40	0	1	0	0	0	0
100-299	42	0	1	0	0	0	0
100-299	45	0	0	0	0	0	0
100-299	47	0	0	0	0	0	0
100-299	50	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE GLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	51	0	1	0	0	0	0
100-299	53	1	4	1	0	1	0
100-299	55	0	3	0	0	0	0
100-299	56	1	3	1	0	1	0
100-299	63	1	1	0	0	0	0
100-299	64	2	2	0	0	0	1
100-299	65	9	11	0	0	0	4
100-299	66	2	4	1	0	1	0
100-299	68	6	7	1	0	1	2
100-299	69	2	4	1	0	1	0
100-299	73	3	4	0	0	0	2
100-299	75	5	8	1	1	0	0
100-299	76	2	4	1	1	0	0
100-299	77	2	1	1	1	0	1
100-299	78	4	13	1	1	0	0
100-299	79	14	21	4	4	0	0
100-299	82	14	24	4	3	1	4
100-299	83	1	1	0	0	0	1
100-299	85	4	7	3	3	0	0
100-299	87	19	28	13	13	0	0
100-299	88	19	35	8	6	2	3
100-299	89	55	91	13	10	3	4

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISGHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	51	0	0	0	0	0	0
100-299	53	0	0	0	0	0	0
100-299	55	0	0	0	0	0	0
100-299	56	0	0	0	0	0	0
100-299	63	0	1	0	0	0	0
100-299	64	0	1	0	0	0	0
100-299	65	0	5	0	0	0	0
100-299	66	0	1	0	0	0	0
100-299	68	0	3	0	0	0	0
100-299	69	0	1	0	0	0	0
100-299	73	0	1	0	0	0	0
100-299	75	2	2	0	0	0	0
100-299	76	0	0	0	0	0	1
100-299	77	0	0	0	0	0	0
100-299	78	0	3	0	0	0	0
100-299	79	0	7	0	0	0	3
100-299	82	2	4	0	0	0	0
100-299	83	0	0	0	0	0	0
100-299	85	0	1	0	0	0	0
100-299	87	0	4	0	0	0	2
100-299	88	0	6	0	1	0	1
100-299	89	0	27	0	2	1	8

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE GLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG GHANGES	GHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	90	6	7	2	1	1	1
100-299	92	5	5	3	1	2	1
100-299	94	0	2	0	0	0	0
100-299	96	29	56	5	4	1	5
100-299	97	4	6	1	0	1	0
100-299	99	15	13	8	3	5	0
100-299	100	2	3	1	0	1	0
100-299	101	5	4	3	1	2	0
100-299	102	0	1	0	0	0	0
100-299	107	2	2	1	0	1	0
100-299	110	7	12	3	3	0	0
100-299	111	1	1	0	0	0	0
100-299	112	0	2	0	0	0	0
100-299	113	2	3	0	0	0	0
100-299	115	0	1	0	0	0	0
100-299	116	4	7	0	0	0	0
100-299	117	1	3	0	0	0	0
100-299	118	1	2	0	0	0	0
100-299	120	4	4	1	1	0	0
100-299	121	7	23	3	3	0	0
100-299	122	10	36	5	3	2	0
100-299	123	9	20	2	2	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	90	0	3	0	0	0	0
100-299	92	0	1	0	0	0	0
100-299	94	0	0	0	0	0	0
100-299	96	0	16	0	0	0	3
100-299	97	0	3	0	0	0	0
100-299	99	0	6	0	0	0	1
100-299	100	0	1	0	0	0	0
100-299	101	0	2	0	0	0	0
100-299	102	0	0	0	0	0	0
100-299	107	0	1	0	0	0	0
100-299	110	0	4	0	0	0	0
100-299	111	1	0	0	0	0	0
100-299	112	0	0	0	0	0	0
100-299	113	0	2	0	0	0	0
100-299	115	0	0	0	0	0	0
100-299	116	0	4	0	0	0	0
100-299	117	0	1	0	0	0	0
100-299	118	0	1	0	0	0	0
100-299	120	0	3	0	0	0	0
100-299	121	0	3	0	0	0	1
100-299	122	0	5	0	0	0	0
100-299	123	0	0	0	0	0	7

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	124	2	3	2	1	1	0
100-299	125	2	8	0	0	0	0
100-299	127	77	137	16	8	8	6
100-299	128	7	13	1	0	1	0
100-299	129	3	6	3	3	0	0
100-299	130	19	26	6	6	0	3
100-299	131	3	6	1	1	0	1
100-299	132	18	12	10	5	5	2
100-299	134	10	12	2	1	1	3
100-299	135	2	1	0	0	0	0
100-299	136	1	1	0	0	0	0
100-299	138	27	67	8	5	3	0
100-299	139	2	7	1	0	1	0
100-299	140	52	95	18	11	7	2
100-299	141	20	28	5	0	5	1
100-299	142	2	3	1	0	1	0
100-299	143	10	19	4	0	4	0
100-299	144	7	14	4	4	0	1
100-299	145	4	4	4	2	2	0
100-299	146	1	3	0	0	0	0
100-299	148	4	15	0	0	0	0
100-299	149	1	1	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	124	0	0	0	0	0	0
100-299	125	1	1	0	0	0	0
100-299	127	0	43	0	1	1	10
100-299	128	0	4	0	1	0	1
100-299	129	0	0	0	0	0	0
100-299	130	0	7	1	0	0	2
100-299	131	1	0	0	0	0	0
100-299	132	0	4	1	0	0	1
100-299	134	0	4	0	0	0	1
100-299	135	0	0	0	1	0	1
100-299	136	0	1	0	0	0	0
100-299	138	0	16	0	0	0	3
100-299	139	0	1	0	0	0	0
100-299	140	0	26	1	1	1	3
100-299	141	0	11	0	1	0	2
100-299	142	0	1	0	0	0	0
100-299	143	0	6	0	0	0	0
100-299	144	0	1	0	0	0	1
100-299	145	0	0	0	0	0	0
100-299	146	0	1	0	0	0	0
100-299	148	0	4	0	0	0	0
100-299	149	0	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	150	0	4	0	0	0	0
100-299	152	6	3	2	2	0	0
100-299	154	18	15	7	7	0	1
100-299	155	1	2	0	0	0	0
100-299	157	5	9	1	0	1	4
100-299	158	2	4	0	0	0	0
100-299	159	3	5	0	0	0	0
100-299	160	1	2	0	0	0	0
100-299	161	11	25	1	0	1	1
100-299	162	3	4	2	0	2	0
100-299	164	0	2	0	0	0	0
100-299	167	2	2	1	1	0	0
100-299	168	1	1	1	1	0	0
100-299	170	3	6	1	1	0	0
100-299	172	7	9	2	2	0	0
100-299	173	1	1	0	0	0	1
100-299	174	31	41	8	6	2	5
100-299	175	9	8	5	1	4	2
100-299	176	1	2	0	0	0	1
100-299	177	4	6	2	0	2	2
100-299	178	1	1	0	0	0	1
100-299	179	3	2	1	1	0	1

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	150	0	0	0	0	0	0
100-299	152	1	2	0	0	0	1
100-299	154	1	7	0	0	2	0
100-299	155	1	0	0	0	0	0
100-299	157	0	0	0	0	0	0
100-299	158	1	1	0	0	0	0
100-299	159	0	3	0	0	0	0
100-299	160	0	1	0	0	0	0
100-299	161	0	9	0	0	0	0
100-299	162	0	1	0	0	0	0
100-299	164	0	0	0	0	0	0
100-299	167	0	1	0	0	0	0
100-299	168	0	0	0	0	0	0
100-299	170	0	1	0	0	0	1
100-299	172	0	4	0	0	0	1
100-299	173	0	0	0	0	0	0
100-299	174	0	12	0	1	0	5
100-299	175	0	2	0	0	0	0
100-299	176	0	0	0	0	0	0
100-299	177	0	0	0	0	0	0
100-299	178	0	0	0	0	0	0
100-299	179	0	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	180	20	23	5	5	0	6
100-299	181	2	5	1	0	1	1
100-299	182	50	70	12	2	10	12
100-299	183	9	12	1	0	1	6
100-299	184	1	1	0	0	0	0
100-299	187	0	1	0	0	0	0
100-299	188	9	11	4	2	2	1
100-299	189	4	2	2	0	2	1
100-299	193	1	3	1	1	0	0
100-299	194	1	1	0	0	0	0
100-299	195	1	5	1	1	0	0
100-299	197	5	17	3	2	1	0
100-299	198	3	8	0	0	0	0
100-299	199	3	2	1	1	0	0
100-299	202	3	4	2	2	0	0
100-299	203	0	5	0	0	0	0
100-299	204	2	8	0	0	0	0
100-299	205	7	8	2	0	2	2
100-299	207	9	9	3	2	1	1
100-299	208	3	1	1	1	0	0
100-299	209	20	28	0	0	0	0
100-299	210	21	37	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	180	0	4	0	1	0	4
100-299	181	0	0	0	0	0	0
100-299	182	1	21	0	0	0	4
100-299	183	0	2	0	0	0	0
100-299	184	0	1	0	0	0	0
100-299	187	0	0	0	0	0	0
100-299	188	0	4	0	0	0	0
100-299	189	0	0	0	0	0	1
100-299	193	0	0	0	0	0	0
100-299	194	0	1	0	0	0	0
100-299	195	0	0	0	0	0	0
100-299	197	1	1	0	0	0	0
100-299	198	1	2	0	0	0	0
100-299	199	0	2	0	0	0	0
100-299	202	0	1	0	0	0	0
100-299	203	0	0	0	0	0	0
100-299	204	0	1	0	0	0	1
100-299	205	0	3	0	0	0	0
100-299	207	0	4	0	0	0	1
100-299	208	0	1	0	0	0	1
100-299	209	2	17	0	0	0	1
100-299	210	1	18	0	0	2	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	213	0	1	0	0	0	0
100-299	214	9	8	2	0	2	0
100-299	215	1	1	1	0	1	0
100-299	217	0	2	0	0	0	0
100-299	218	6	8	0	0	0	0
100-299	219	2	3	1	1	0	0
100-299	221	0	3	0	0	0	0
100-299	222	0	1	0	0	0	0
100-299	223	1	2	0	0	0	0
100-299	224	1	1	0	0	0	0
100-299	225	4	5	0	0	0	0
100-299	226	1	1	1	1	0	0
100-299	230	1	2	0	0	0	1
100-299	231	5	4	1	1	0	2
100-299	233	1	1	0	0	0	1
100-299	235	0	1	0	0	0	0
100-299	236	8	11	1	1	0	0
100-299	237	1	2	0	0	0	0
100-299	239	18	21	7	5	2	5
100-299	240	3	2	1	1	0	2
100-299	241	2	1	1	0	1	1
100-299	242	2	1	1	1	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	213	0	0	0	0	0	0
100-299	214	1	6	0	0	0	0
100-299	215	0	0	0	0	0	0
100-299	217	0	0	0	0	0	0
100-299	218	0	6	0	0	0	0
100-299	219	0	1	0	0	0	0
100-299	221	0	0	0	0	0	0
100-299	222	0	0	0	0	0	0
100-299	223	0	1	0	0	0	0
100-299	224	0	1	0	0	0	0
100-299	225	0	4	0	0	0	0
100-299	226	0	0	0	0	0	0
100-299	230	0	0	0	0	0	0
100-299	231	0	2	0	0	0	0
100-299	233	0	0	0	0	0	0
100-299	235	0	0	0	0	0	0
100-299	236	0	5	0	1	0	1
100-299	237	0	1	0	0	0	0
100-299	239	1	4	0	0	0	1
100-299	240	0	0	0	0	0	0
100-299	241	0	0	0	0	0	0
100-299	242	0	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	243	30	30	4	1	3	6
100-299	244	9	7	2	1	1	5
100-299	246	3	2	1	0	1	1
100-299	247	3	3	0	0	0	2
100-299	248	5	4	1	0	1	2
100-299	250	1	3	0	0	0	0
100-299	251	1	1	0	0	0	0
100-299	253	6	6	1	0	1	0
100-299	254	1	2	0	0	0	0
100-299	256	2	3	0	0	0	2
100-299	257	2	10	0	0	0	0
100-299	259	0	1	0	0	0	0
100-299	261	0	1	0	0	0	0
100-299	262	2	4	1	0	1	1
100-299	263	1	1	0	0	0	0
100-299	264	1	1	1	0	1	0
100-299	266	1	2	0	0	0	1
100-299	268	1	1	0	0	0	1
100-299	269	2	3	1	0	1	0
100-299	270	1	1	0	0	0	1
100-299	271	10	7	5	4	1	2
100-299	272	1	4	1	1	0	0

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	243	0	17	0	1	0	2
100-299	244	0	2	0	0	0	0
100-299	246	0	1	0	0	0	0
100-299	247	0	0	0	0	0	1
100-299	248	0	2	0	0	0	0
100-299	250	0	1	0	0	0	0
100-299	251	0	1	0	0	0	0
100-299	253	0	2	0	1	0	2
100-299	254	0	1	0	0	0	0
100-299	256	0	0	0	0	0	0
100-299	257	1	1	0	0	0	0
100-299	259	0	0	0	0	0	0
100-299	261	0	0	0	0	0	0
100-299	262	0	0	0	0	0	0
100-299	263	0	1	0	0	0	0
100-299	264	0	0	0	0	0	0
100-299	266	0	0	0	0	0	0
100-299	268	0	0	0	0	0	0
100-299	269	0	1	0	0	0	0
100-299	270	0	0	0	0	0	0
100-299	271	0	3	0	0	0	0
100-299	272	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEICHT	CHANGES TO HICHER WEICHT	INAPPROPRIATE ADMISSIONS
100-299	277	8	13	3	2	1	0
100-299	280	8	7	2	0	2	1
100-299	281	1	5	0	0	0	0
100-299	283	1	2	0	0	0	0
100-299	285	3	4	0	0	0	0
100-299	286	0	1	0	0	0	0
100-299	287	2	2	1	1	0	0
100-299	289	2	1	1	0	1	0
100-299	290	4	6	0	0	0	0
100-299	294	33	43	9	5	4	7
100-299	295	1	2	0	0	0	0
100-299	296	36	56	9	7	2	4
100-299	297	4	4	2	1	1	0
100-299	300	2	3	1	1	0	1
100-299	303	1	2	0	0	0	0
100-299	304	3	5	1	1	0	1
100-299	306	2	5	1	1	0	1
100-299	307	0	1	0	0	0	0
100-299	308	1	4	0	0	0	0
100-299	309	0	1	0	0	0	0
100-299	310	4	12	1	0	1	1
100-299	312	0	2	0	0	0	0

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	277	0	3	0	1	0	1
100-299	280	0	4	0	0	0	1
100-299	281	0	1	0	0	0	0
100-299	283	0	1	0	0	0	0
100-299	285	0	2	0	0	0	1
100-299	286	0	0	0	0	0	0
100-299	287	0	1	0	0	0	0
100-299	289	0	1	0	0	0	0
100-299	290	0	4	0	0	0	0
100-299	294	0	15	0	0	0	2
100-299	295	0	1	0	0	0	0
100-299	296	0	18	0	0	1	4
100-299	297	0	0	0	1	0	1
100-299	300	0	0	0	0	0	0
100-299	303	0	1	0	0	0	0
100-299	304	0	1	0	0	0	0
100-299	306	0	0	0	0	0	0
100-299	307	0	0	0	0	0	0
100-299	308	0	1	0	0	0	0
100-299	309	0	0	0	0	0	0
100-299	310	1	1	0	0	0	0
100-299	312	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	313	1	1	0	0	0	1
100-299	315	2	5	1	1	0	0
100-299	316	7	12	3	2	1	0
100-299	318	7	6	4	3	1	1
100-299	320	23	36	7	4	3	4
100-299	321	2	3	0	0	0	2
100-299	323	5	5	1	0	1	2
100-299	324	1	6	0	0	0	1
100-299	325	2	6	0	0	0	0
100-299	326	1	1	0	0	0	1
100-299	328	2	2	1	0	1	0
100-299	331	6	6	2	1	1	1
100-299	334	2	3	1	1	0	0
100-299	336	21	39	1	0	1	1
100-299	337	3	7	2	0	2	0
100-299	338	1	3	0	0	0	0
100-299	339	1	3	0	0	0	1
100-299	341	1	1	0	0	0	0
100-299	346	1	1	1	1	0	0
100-299	348	3	4	0	0	0	3
100-299	349	3	3	2	0	2	1
100-299	350	3	3	1	1	0	1

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	313	0	0	0	0	0	0
100-299	315	0	1	0	0	0	0
100-299	316	1	2	0	0	0	1
100-299	318	0	2	0	0	0	0
100-299	320	0	9	0	1	0	2
100-299	321	0	0	0	0	0	0
100-299	323	0	1	0	0	0	1
100-299	324	0	0	0	0	0	0
100-299	325	0	2	0	0	0	0
100-299	326	0	0	0	0	0	0
100-299	328	0	0	0	0	0	0
100-299	331	0	3	0	0	0	1
100-299	334	0	1	0	0	0	0
100-299	336	6	12	0	0	0	1
100-299	337	0	1	0	0	0	0
100-299	338	0	1	0	0	0	0
100-299	339	0	0	0	0	0	0
100-299	341	0	1	0	0	0	0
100-299	346	0	0	0	0	0	0
100-299	348	0	0	0	0	0	0
100-299	349	0	0	0	0	0	0
100-299	350	1	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	354	5	6	1	1	0	0
100-299	355	1	2	0	0	0	0
100-299	356	3	7	0	0	0	0
100-299	357	0	1	0	0	0	0
100-299	358	1	2	0	0	0	0
100-299	360	0	2	0	0	0	0
100-299	363	0	2	0	0	0	0
100-299	364	0	1	0	0	0	0
100-299	368	3	1	1	1	0	1
100-299	369	3	2	1	0	1	0
100-299	389	2	1	1	0	1	1
100-299	392	3	3	1	0	1	0
100-299	395	18	29	5	1	4	5
100-299	397	0	3	0	0	0	0
100-299	398	0	4	0	0	0	0
100-299	401	2	1	0	0	0	1
100-299	403	10	10	2	2	0	2
100-299	404	2	3	2	2	0	0
100-299	406	2	1	1	1	0	0
100-299	409	1	1	0	0	0	1
100-299	410	5	20	0	0	0	4
100-299	412	1	1	1	0	1	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	354	1	3	0	0	0	0
100-299	355	0	1	0	0	0	0
100-299	356	0	3	0	0	0	0
100-299	357	0	0	0	0	0	0
100-299	358	0	1	0	0	0	0
100-299	360	0	0	0	0	0	0
100-299	363	0	0	0	0	0	0
100-299	364	0	0	0	0	0	0
100-299	368	0	0	0	0	0	1
100-299	369	0	2	0	0	0	0
100-299	389	0	0	0	0	0	0
100-299	392	0	2	0	0	0	0
100-299	395	0	7	0	0	0	1
100-299	397	0	0	0	0	0	0
100-299	398	0	0	0	0	0	0
100-299	401	0	0	1	0	0	0
100-299	403	1	2	0	0	0	3
100-299	404	0	0	0	0	0	0
100-299	406	1	0	0	0	0	0
100-299	409	0	0	0	0	0	0
100-299	410	1	0	0	0	0	0
100-299	412	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	413	5	5	4	3	1	0
100-299	414	1	1	0	0	0	0
100-299	415	3	4	2	2	0	0
100-299	416	14	15	5	4	1	0
100-299	419	3	4	1	0	1	0
100-299	420	1	1	0	0	0	1
100-299	421	2	1	1	0	1	0
100-299	423	6	3	3	3	0	1
100-299	424	2	2	1	1	0	0
100-299	425	3	2	1	1	0	1
100-299	426	8	11	6	3	3	1
100-299	428	0	1	0	0	0	0
100-299	429	6	7	2	2	0	1
100-299	430	4	16	1	1	0	1
100-299	436	2	2	0	0	0	0
100-299	437	2	1	1	0	1	0
100-299	438	2	3	0	0	0	0
100-299	440	1	1	0	0	0	0
100-299	442	1	2	0	0	0	0
100-299	443	3	1	1	0	1	0
100-299	444	2	2	1	1	0	1
100-299	449	12	13	7	2	5	1

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	413	0	1	0	0	0	0
100-299	414	0	1	0	0	0	0
100-299	415	0	1	0	0	0	0
100-299	416	0	5	0	1	0	3
100-299	419	0	2	0	0	0	0
100-299	420	0	0	0	0	0	0
100-299	421	0	1	0	0	0	0
100-299	423	0	2	0	0	0	0
100-299	424	0	1	0	0	0	0
100-299	425	0	0	0	0	0	1
100-299	426	0	1	0	0	0	0
100-299	428	0	0	0	0	0	0
100-299	429	0	3	0	0	0	0
100-299	430	0	2	0	0	0	0
100-299	436	0	2	0	0	0	0
100-299	437	0	1	0	0	0	0
100-299	438	0	2	0	0	0	0
100-299	440	0	1	0	0	0	0
100-299	442	0	1	0	0	0	0
100-299	443	1	0	0	0	0	1
100-299	444	0	0	0	0	0	0
100-299	449	0	3	0	0	0	1

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	450	3	2	1	0	1	0
100-299	452	2	6	0	0	0	0
100-299	453	0	1	0	0	0	0
100-299	460	1	2	0	0	0	1
100-299	461	2	3	1	1	0	0
100-299	463	3	3	1	1	0	0
100-299	464	2	1	1	0	1	1
100-299	467	2	1	1	1	0	1
100-299	468	21	29	5	4	1	1
300+	1	2	5	0	0	0	0
300+	2	3	5	0	0	0	0
300+	4	2	2	1	1	0	0
300+	5	5	12	0	0	0	0
300+	7	2	4	0	0	0	1
300+	9	1	1	0	0	0	0
300+	10	3	4	2	1	1	1
300+	11	1	1	0	0	0	0
300+	12	5	5	1	1	0	2
300+	13	4	4	1	0	1	0
300+	14	37	72	9	9	0	2
300+	15	31	53	6	3	3	3
300+	17	4	4	3	2	1	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	450	0	2	0	0	0	0
100-299	452	0	1	0	0	0	1
100-299	453	0	0	0	0	0	0
100-299	460	0	0	0	0	0	0
100-299	461	0	1	0	0	0	0
100-299	463	0	2	0	0	0	0
100-299	464	0	0	0	0	0	0
100-299	467	0	0	0	0	0	0
100-299	468	1	10	0	1	1	2
300+	1	0	2	0	0	0	0
300+	2	0	2	0	0	0	1
300+	4	0	1	0	0	0	0
300+	5	1	4	0	0	0	0
300+	7	0	1	0	0	0	0
300+	9	0	1	0	0	0	0
300+	10	0	0	0	0	0	0
300+	11	0	0	0	1	0	0
300+	12	0	2	0	0	0	0
300+	13	1	1	0	0	0	1
300+	14	0	21	0	0	0	5
300+	15	0	18	0	0	0	4
300+	17	0	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	18	1	3	0	0	0	0
300+	19	2	3	0	0	0	1
300+	22	0	2	0	0	0	0
300+	24	7	10	4	2	2	1
300+	25	7	7	1	0	1	2
300+	27	0	2	0	0	0	0
300+	28	0	2	0	0	0	0
300+	31	2	2	1	0	1	0
300+	34	2	2	1	1	0	0
300+	35	2	1	1	1	0	0
300+	36	1	4	0	0	0	0
300+	38	1	1	1	0	1	0
300+	39	38	45	1	0	1	36
300+	40	1	2	0	0	0	1
300+	42	0	1	0	0	0	0
300+	44	1	2	0	0	0	1
300+	45	1	3	0	0	0	0
300+	46	1	1	0	0	0	1
300+	47	2	2	0	0	0	2
300+	49	1	2	0	0	0	0
300+	50	1	1	0	0	0	0
300+	53	2	4	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	18	1	0	0	0	0	0
300+	19	0	1	0	0	0	0
300+	22	0	0	0	0	0	0
300+	24	1	1	0	0	0	0
300+	25	1	2	0	0	0	1
300+	27	0	0	0	0	0	0
300+	28	0	0	0	0	0	0
300+	31	0	1	0	0	0	0
300+	34	1	0	0	0	0	0
300+	35	0	1	0	0	0	0
300+	36	0	1	0	0	0	0
300+	38	0	0	0	0	0	0
300+	39	0	0	0	0	0	1
300+	40	0	0	0	0	0	0
300+	42	0	0	0	0	0	0
300+	44	0	0	0	0	0	0
300+	45	0	1	0	0	0	0
300+	46	0	0	0	0	0	0
300+	47	0	0	0	0	0	0
300+	49	1	0	0	0	0	0
300+	50	0	1	0	0	0	0
300+	53	0	2	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	55	1	5	0	0	0	1
300+	56	1	1	0	0	0	0
300+	63	0	1	0	0	0	0
300+	64	2	3	1	0	1	1
300+	65	4	3	2	0	2	0
300+	66	4	5	0	0	0	1
300+	68	6	6	2	2	0	2
300+	72	2	2	1	0	1	0
300+	73	3	3	1	0	1	1
300+	75	4	12	1	1	0	0
300+	76	1	2	0	0	0	0
300+	77	1	1	1	0	1	0
300+	78	3	7	2	2	0	0
300+	79	8	19	1	1	0	3
300+	80	1	2	0	0	0	0
300+	82	20	32	5	4	1	6
300+	83	0	1	0	0	0	0
300+	84	3	1	1	0	1	0
300+	85	0	1	0	0	0	0
300+	87	20	24	13	12	1	0
300+	88	31	42	19	15	4	3
300+	89	48	78	11	9	2	3

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	55	0	0	0	0	0	0
300+	56	0	1	0	0	0	0
300+	63	0	0	0	0	0	0
300+	64	0	0	0	0	0	0
300+	65	0	2	0	0	0	0
300+	66	0	3	0	0	0	0
300+	68	0	1	0	0	0	1
300+	72	0	1	0	0	0	0
300+	73	0	1	0	0	0	0
300+	75	0	3	0	0	0	0
300+	76	0	1	0	0	0	0
300+	77	0	0	0	0	0	0
300+	78	0	1	0	0	0	0
300+	79	0	3	0	0	0	1
300+	80	0	1	0	0	0	0
300+	82	3	4	0	1	0	1
300+	83	0	0	0	0	0	0
300+	84	0	1	1	0	0	0
300+	85	0	0	0	0	0	0
300+	87	0	6	0	0	0	1
300+	88	0	8	0	0	0	1
300+	89	0	25	1	1	0	7

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	90	7	13	3	1	2	1
300+	91	1	1	1	0	1	0
300+	92	2	3	1	1	0	0
300+	94	1	1	1	1	0	0
300+	96	20	44	3	0	3	5
300+	97	7	10	3	2	1	2
300+	99	9	11	6	2	4	0
300+	100	0	2	0	0	0	0
300+	101	8	8	3	3	0	1
300+	102	1	1	0	0	0	1
300+	104	0	2	0	0	0	0
300+	105	2	6	0	0	0	0
300+	106	3	9	0	0	0	0
300+	107	1	9	0	0	0	0
300+	108	0	5	0	0	0	0
300+	109	3	5	2	1	1	0
300+	110	14	24	0	0	0	1
300+	111	1	3	0	0	0	0
300+	112	5	6	3	1	2	0
300+	113	3	5	1	1	0	0
300+	115	0	1	0	0	0	0
300+	116	2	6	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	90	0	3	0	0	0	0
300+	91	0	0	0	0	0	0
300+	92	0	1	0	0	0	0
300+	94	0	0	0	0	0	0
300+	96	0	10	1	0	0	1
300+	97	0	2	0	0	0	0
300+	99	0	3	0	0	0	0
300+	100	0	0	0	0	0	0
300+	101	2	2	0	0	0	0
300+	102	0	0	0	0	0	0
300+	104	0	0	0	0	0	0
300+	105	1	1	0	0	0	0
300+	106	0	3	0	0	0	0
300+	107	1	0	0	0	0	0
300+	108	0	0	0	0	0	0
300+	109	0	1	0	0	0	0
300+	110	2	9	0	0	0	2
300+	111	0	1	0	0	0	0
300+	112	0	2	0	0	0	0
300+	113	1	1	0	0	0	0
300+	115	0	0	0	0	0	0
300+	116	0	2	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	117	2	3	0	0	0	0
300+	118	1	4	0	0	0	0
300+	121	7	23	4	3	1	0
300+	122	11	33	7	2	5	0
300+	123	1	17	1	1	0	0
300+	124	5	14	3	3	0	0
300+	125	3	25	0	0	0	0
300+	127	68	118	15	10	5	4
300+	128	5	11	2	0	2	2
300+	129	0	3	0	0	0	0
300+	130	9	17	3	2	1	1
300+	131	3	6	2	1	1	0
300+	132	10	10	8	7	1	0
300+	134	6	7	1	0	1	0
300+	135	6	6	2	1	1	1
300+	136	1	1	1	0	1	0
300+	138	24	46	6	4	2	3
300+	139	3	6	1	0	1	1
300+	140	41	71	10	4	6	1
300+	141	12	23	1	0	1	1
300+	142	2	4	0	0	0	0
300+	143	11	18	4	0	4	1

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	117	0	2	0	0	0	0
300+	118	1	0	0	0	0	0
300+	121	0	2	1	0	0	0
300+	122	0	3	0	0	0	1
300+	123	0	0	0	0	0	0
300+	124	0	2	0	0	0	0
300+	125	1	2	0	0	0	0
300+	127	0	45	0	0	0	4
300+	128	0	1	0	0	0	0
300+	129	0	0	0	0	0	0
300+	130	0	5	0	0	0	0
300+	131	0	1	0	0	0	0
300+	132	0	2	0	0	0	0
300+	134	0	4	0	0	0	1
300+	135	0	3	0	0	0	0
300+	136	0	0	0	0	0	0
300+	138	0	11	0	1	1	2
300+	139	0	1	0	0	0	0
300+	140	0	28	0	0	0	2
300+	141	0	10	0	0	0	0
300+	142	0	2	0	0	0	0
300+	143	0	4	0	1	0	1

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	144	15	15	5	5	0	0
300+	145	1	2	0	0	0	0
300+	146	3	5	0	0	0	0
300+	148	12	24	1	0	1	0
300+	149	4	3	1	0	1	0
300+	150	3	3	2	1	1	0
300+	151	0	1	0	0	0	0
300+	152	2	2	0	0	0	1
300+	153	1	2	0	0	0	0
300+	154	9	19	1	1	0	0
300+	155	2	1	1	1	0	1
300+	157	5	10	2	0	2	2
300+	158	3	3	2	0	2	1
300+	159	3	3	1	1	0	0
300+	160	1	4	0	0	0	0
300+	161	11	22	1	0	1	0
300+	162	2	5	0	0	0	0
300+	166	5	3	0	0	0	0
300+	168	0	3	0	0	0	0
300+	170	1	3	1	1	0	0
300+	172	11	17	6	5	1	1
300+	173	0	1	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	144	0	6	0	1	0	3
300+	145	0	0	0	0	0	1
300+	146	0	2	0	0	0	1
300+	148	3	7	0	0	0	1
300+	149	2	1	0	0	0	0
300+	150	0	1	0	0	0	0
300+	151	0	0	0	0	0	0
300+	152	0	1	0	0	0	0
300+	153	0	1	0	0	0	0
300+	154	0	7	0	0	0	1
300+	155	0	0	0	0	0	0
300+	157	1	0	0	0	0	0
300+	158	0	0	0	0	0	0
300+	159	1	1	0	0	0	0
300+	160	0	1	0	0	0	0
300+	161	3	6	0	1	0	0
300+	162	0	2	0	0	0	0
300+	166	0	2	0	0	1	2
300+	168	0	0	0	0	0	0
300+	170	0	0	0	0	0	0
300+	172	0	3	0	0	0	1
300+	173	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	174	28	41	5	2	3	4
300+	175	3	3	1	0	1	1
300+	176	1	1	1	1	0	0
300+	177	6	7	2	1	1	2
300+	178	0	1	0	0	0	0
300+	179	0	2	0	0	0	0
300+	180	4	8	1	1	0	1
300+	181	1	2	0	0	0	0
300+	182	42	59	8	2	6	11
300+	183	10	11	4	0	4	0
300+	188	6	10	2	0	2	1
300+	189	1	1	0	0	0	1
300+	193	1	2	0	0	0	0
300+	195	4	10	0	0	0	0
300+	196	1	1	0	0	0	0
300+	197	5	7	0	0	0	0
300+	198	0	1	0	0	0	0
300+	200	1	1	1	1	0	0
300+	201	0	2	0	0	0	0
300+	202	6	5	1	0	1	3
300+	203	4	9	2	2	0	0
300+	204	6	8	0	0	0	1

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	174	0	17	0	0	0	2
300+	175	0	0	0	0	0	1
300+	176	0	0	0	0	0	0
300+	177	0	2	0	0	0	0
300+	178	0	0	0	0	0	0
300+	179	0	0	0	0	0	0
300+	180	0	2	0	0	0	0
300+	181	0	1	0	0	0	0
300+	182	0	20	0	1	0	2
300+	183	0	5	0	0	0	1
300+	188	0	3	0	0	0	0
300+	189	0	0	0	0	0	0
300+	193	1	0	0	0	0	0
300+	195	0	4	0	0	0	0
300+	196	0	1	0	0	0	0
300+	197	0	5	0	0	0	0
300+	198	0	0	0	0	0	0
300+	200	0	0	0	0	0	0
300+	201	0	0	0	0	0	0
300+	202	0	2	0	0	0	0
300+	203	0	2	0	0	0	0
300+	204	0	5	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	205	4	5	1	1	0	1
300+	206	1	1	1	1	0	0
300+	207	10	13	1	0	1	3
300+	208	1	1	0	0	0	1
300+	209	39	48	0	0	0	0
300+	210	20	23	3	3	0	0
300+	211	2	2	1	0	1	0
300+	213	1	1	0	0	0	0
300+	214	5	11	0	0	0	0
300+	215	9	10	1	0	1	0
300+	216	0	2	0	0	0	0
300+	217	0	1	0	0	0	0
300+	218	0	2	0	0	0	0
300+	219	2	2	0	0	0	0
300+	221	2	4	0	0	0	1
300+	222	1	2	0	0	0	1
300+	223	2	4	0	0	0	0
300+	225	9	9	0	0	0	2
300+	226	1	2	1	0	1	0
300+	227	1	1	0	0	0	1
300+	229	3	4	1	0	1	0
300+	231	3	3	3	1	2	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	205	0	2	0	0	0	0
300+	206	0	0	0	0	0	0
300+	207	0	5	0	0	0	1
300+	208	0	0	0	0	0	0
300+	209	6	32	0	0	0	1
300+	210	1	16	0	0	0	0
300+	211	0	1	0	0	0	0
300+	213	0	1	0	0	0	0
300+	214	1	4	0	0	0	0
300+	215	1	7	0	0	0	0
300+	216	0	0	0	0	0	0
300+	217	0	0	0	0	0	0
300+	218	0	0	0	0	0	0
300+	219	0	2	0	0	0	0
300+	221	0	1	0	0	0	0
300+	222	0	0	0	0	0	0
300+	223	0	2	0	0	0	0
300+	225	0	6	0	0	0	1
300+	226	0	0	0	0	0	0
300+	227	0	0	0	0	0	0
300+	229	0	2	0	0	0	0
300+	231	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	236	8	10	1	1	0	1
300+	239	15	16	4	2	2	5
300+	240	8	7	2	2	0	4
300+	241	1	1	0	0	0	1
300+	242	1	1	0	0	0	0
300+	243	36	40	4	1	3	7
300+	244	2	4	0	0	0	0
300+	245	2	2	1	0	1	1
300+	247	3	3	1	0	1	1
300+	248	2	2	0	0	0	0
300+	249	0	1	0	0	0	0
300+	250	4	3	1	0	1	1
300+	253	5	5	1	0	1	2
300+	256	1	3	0	0	0	0
300+	257	3	5	1	0	1	0
300+	261	3	2	1	1	0	2
300+	262	1	4	0	0	0	0
300+	263	2	3	0	0	0	0
300+	264	2	2	1	0	1	1
300+	265	2	2	0	0	0	0
300+	266	2	2	0	0	0	1
300+	268	0	1	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	236	0	6	0	0	0	0
300+	239	0	5	0	0	0	1
300+	240	0	2	0	0	0	0
300+	241	0	0	0	0	0	0
300+	242	0	1	0	0	0	0
300+	243	0	21	0	0	1	3
300+	244	0	2	0	0	0	0
300+	245	0	0	0	0	0	0
300+	247	1	0	0	0	0	0
300+	248	0	2	0	0	0	0
300+	249	0	0	0	0	0	0
300+	250	0	2	0	0	0	0
300+	253	0	2	0	0	0	0
300+	256	0	1	0	0	0	0
300+	257	0	2	0	0	0	0
300+	261	0	0	0	0	0	0
300+	262	0	1	0	0	0	0
300+	263	1	1	0	0	0	0
300+	264	0	0	0	0	0	0
300+	265	0	2	0	0	0	0
300+	266	0	1	0	0	0	0
300+	268	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	269	4	3	2	0	2	1
300+	270	1	2	1	0	1	0
300+	271	4	4	2	1	1	1
300+	272	3	5	1	1	0	1
300+	273	0	1	0	0	0	0
300+	277	1	7	1	1	0	0
300+	280	2	2	0	0	0	0
300+	283	3	3	0	0	0	1
300+	285	3	2	1	1	0	0
300+	286	1	1	0	0	0	0
300+	289	0	1	0	0	0	0
300+	290	1	1	0	0	0	0
300+	292	1	1	0	0	0	0
300+	294	14	23	2	0	2	2
300+	295	1	1	0	0	0	0
300+	296	26	44	7	5	2	2
300+	297	1	1	1	0	1	0
300+	299	1	1	1	1	0	0
300+	300	2	3	0	0	0	0
300+	301	0	1	0	0	0	0
300+	302	0	2	0	0	0	0
300+	303	3	7	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
300+	269	0	0	0	0	0	1
300+	270	0	0	0	0	0	0
300+	271	0	1	0	0	0	0
300+	272	0	1	0	0	0	0
300+	273	0	0	0	0	0	0
300+	277	0	0	0	0	0	0
300+	280	0	2	0	0	0	0
300+	283	0	1	0	0	0	1
300+	285	1	1	0	0	0	0
300+	286	0	1	0	0	0	0
300+	289	0	0	0	0	0	0
300+	290	0	1	0	0	0	0
300+	292	0	1	0	0	0	0
300+	294	0	10	0	0	0	0
300+	295	0	1	0	0	0	0
300+	296	0	15	0	0	0	2
300+	297	0	0	0	0	0	0
300+	299	0	0	0	0	0	0
300+	300	1	1	0	0	0	0
300+	301	0	0	0	0	0	0
300+	302	0	0	0	0	0	0
300+	303	2	0	0	0	1	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	304	3	3	0	0	0	0
300+	306	7	14	2	2	0	0
300+	307	1	2	1	0	1	0
300+	308	5	6	3	3	0	0
300+	309	2	1	1	1	0	1
300+	310	3	14	0	0	0	2
300+	311	4	4	2	0	2	2
300+	312	1	3	1	1	0	0
300+	313	0	1	0	0	0	0
300+	315	0	4	0	0	0	0
300+	316	1	7	1	1	0	0
300+	318	1	1	0	0	0	0
300+	320	12	22	6	0	6	0
300+	321	1	2	0	0	0	0
300+	323	3	8	1	0	1	1
300+	324	0	1	0	0	0	0
300+	325	10	10	3	1	2	4
300+	328	0	1	0	0	0	0
300+	331	8	8	2	1	1	1
300+	332	1	2	1	0	1	0
300+	334	1	2	1	1	0	0
300+	335	0	2	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
300+	304	0	3	0	0	0	0
300+	306	3	2	0	0	0	0
300+	307	0	0	0	0	0	0
300+	308	1	0	0	0	0	1
300+	309	0	0	0	0	0	0
300+	310	0	1	0	0	0	0
300+	311	0	0	0	0	0	0
300+	312	0	0	0	0	0	0
300+	313	0	0	0	0	0	0
300+	315	0	0	0	0	0	0
300+	316	0	0	0	0	0	0
300+	318	0	1	0	0	0	0
300+	320	0	5	0	0	0	1
300+	321	0	1	0	0	0	0
300+	323	0	1	0	0	0	0
300+	324	0	0	0	0	0	0
300+	325	0	3	0	0	0	0
300+	328	0	0	0	0	0	0
300+	331	0	4	0	0	0	1
300+	332	0	0	0	0	0	0
300+	334	0	0	0	0	0	0
300+	335	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	336	22	45	2	1	1	0
300+	337	3	7	0	0	0	0
300+	338	2	5	0	0	0	0
300+	339	1	3	0	0	0	0
300+	342	2	3	0	0	0	1
300+	344	0	2	0	0	0	0
300+	345	2	2	1	0	1	0
300+	346	2	6	0	0	0	1
300+	348	4	4	1	0	1	2
300+	349	1	2	0	0	0	1
300+	350	0	3	0	0	0	0
300+	353	0	2	0	0	0	0
300+	354	7	11	1	1	0	0
300+	355	0	1	0	0	0	0
300+	356	2	6	0	0	0	0
300+	358	1	1	0	0	0	1
300+	360	0	1	0	0	0	0
300+	363	2	2	0	0	0	2
300+	364	3	6	1	0	1	1
300+	366	2	2	1	1	0	1
300+	367	2	1	1	0	1	0
300+	369	0	1	0	0	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	336	8	10	0	0	0	2
300+	337	0	3	0	0	0	0
300+	338	1	1	0	0	0	0
300+	339	0	1	0	0	0	0
300+	342	0	1	0	0	0	0
300+	344	0	0	0	0	0	0
300+	345	0	1	0	0	0	0
300+	346	0	1	0	0	0	0
300+	348	0	1	0	0	0	0
300+	349	0	0	0	0	0	0
300+	350	0	0	0	0	0	0
300+	353	0	0	0	0	0	0
300+	354	1	5	0	0	0	0
300+	355	0	0	0	0	0	0
300+	356	0	2	0	0	0	0
300+	358	0	0	0	0	0	0
300+	360	0	0	0	0	0	0
300+	363	0	0	0	0	0	0
300+	364	0	1	0	0	0	0
300+	366	0	0	0	0	0	0
300+	367	0	1	0	0	0	0
300+	369	0	0	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	392	1	1	0	0	0	0
300+	395	10	20	0	0	0	2
300+	397	1	1	1	1	0	0
300+	398	1	3	0	0	0	0
300+	400	2	3	1	1	0	0
300+	402	0	1	0	0	0	0
300+	403	9	14	2	2	0	2
300+	404	1	1	1	1	0	0
300+	406	1	1	1	0	1	0
300+	407	1	1	1	1	0	0
300+	409	1	3	1	1	0	0
300+	410	8	37	2	0	2	3
300+	411	0	1	0	0	0	0
300+	412	1	1	1	0	1	0
300+	413	1	7	0	0	0	1
300+	415	11	12	6	6	0	0
300+	416	19	23	10	10	0	0
300+	418	1	3	0	0	0	0
300+	419	4	4	1	0	1	1
300+	421	1	4	0	0	0	0
300+	423	7	6	5	5	0	1
300+	424	3	5	2	2	0	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	392	0	1	0	0	0	0
300+	395	0	6	1	0	0	1
300+	397	0	0	0	0	0	0
300+	398	0	1	0	0	0	0
300+	400	1	0	0	0	0	0
300+	402	0	0	0	0	0	0
300+	403	1	3	0	0	0	1
300+	404	0	0	0	0	0	0
300+	406	0	0	0	0	0	0
300+	407	0	0	0	0	0	0
300+	409	0	0	0	0	0	0
300+	410	0	3	0	0	0	0
300+	411	0	0	0	0	0	0
300+	412	0	0	0	0	0	0
300+	413	0	0	0	0	0	0
300+	415	0	4	0	0	0	1
300+	416	0	6	0	0	0	3
300+	418	0	1	0	0	0	0
300+	419	0	2	0	0	0	0
300+	421	0	1	0	0	0	0
300+	423	0	1	0	0	0	0
300+	424	0	1	0	0	0	0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	425	3	6	1	0	1	0
300+	426	3	4	1	1	0	0
300+	428	2	1	1	1	0	1
300+	429	4	3	1	1	0	1
300+	430	4	11	3	2	1	0
300+	432	1	1	0	0	0	0
300+	436	3	3	1	1	0	0
300+	437	1	1	0	0	0	0
300+	438	3	6	0	0	0	2
300+	439	0	2	0	0	0	0
300+	442	2	7	0	0	0	0
300+	443	0	1	0	0	0	0
300+	449	4	8	4	1	3	0
300+	450	1	1	1	0	1	0
300+	452	8	7	5	1	4	0
300+	454	3	2	2	1	1	0
300+	460	1	2	0	0	0	0
300+	461	2	2	1	0	1	1
300+	463	0	2	0	0	0	0
300+	464	1	2	1	0	1	0
300+	466	1	1	1	1	0	0
300+	467	3	4	2	1	1	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	425	0	1	0	0	0	1
300+	426	0	0	0	1	0	1
300+	428	0	0	0	0	0	0
300+	429	0	2	0	0	0	0
300+	430	0	0	0	0	0	1
300+	432	0	1	0	0	0	0
300+	436	0	2	0	0	0	0
300+	437	0	1	0	0	0	0
300+	438	0	1	0	0	0	0
300+	439	0	0	0	0	0	0
300+	442	0	2	0	0	0	0
300+	443	0	0	0	0	0	0
300+	449	0	0	0	0	0	0
300+	450	0	0	0	0	0	0
300+	452	0	2	0	0	0	1
300+	454	0	1	0	0	0	0
300+	460	0	1	0	0	0	0
300+	461	0	0	0	0	0	0
300+	463	0	0	0	0	0	0
300+	464	0	0	0	0	0	0
300+	466	0	0	0	0	0	0
300+	467	0	0	0	0	0	1

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	468	14	28	8	7	1	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	468	0	5	0	0	0	1

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	TOTAL	0.678	7050	0.195	0.119	0.076	0.105
ALL	1	0.375	8	0.000	0.000	0.000	0.000
ALL	2	0.600	5	0.000	0.000	0.000	0.000
ALL	4	1.000	3	0.333	0.333	0.000	0.000
ALL	5	0.480	25	0.000	0.000	0.000	0.000
ALL	7	0.600	5	0.000	0.000	0.000	0.200
ALL	9	0.500	2	0.000	0.000	0.000	0.000
ALL	10	0.750	16	0.188	0.125	0.063	0.188
ALL	11	1.000	1	0.000	0.000	0.000	0.000
ALL	12	1.000	20	0.450	0.350	0.100	0.250
ALL	13	1.000	6	0.167	0.000	0.167	0.000
ALL	14	0.636	217	0.194	0.180	0.014	0.041
ALL	15	0.733	146	0.137	0.048	0.089	0.089
ALL	16	1.500	10	0.800	0.200	0.600	0.000
ALL	17	1.308	13	0.692	0.462	0.231	0.308
ALL	18	0.750	12	0.083	0.083	0.000	0.250
ALL	19	0.667	3	0.000	0.000	0.000	0.333
ALL	20	1.000	3	0.333	0.333	0.000	0.000
ALL	22	0.773	22	0.227	0.182	0.045	0.136
ALL	23	0.500	2	0.500	0.500	0.000	0.000
ALL	24	0.795	44	0.136	0.068	0.068	0.182
ALL	25	1.000	11	0.182	0.000	0.182	0.182

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	TOTAL	0.016	0.277	0.007	0.010	0.002	0.066
ALL	1	0.125	0.250	0.000	0.000	0.000	0.000
ALL	2	0.000	0.400	0.000	0.000	0.000	0.200
ALL	4	0.333	0.333	0.000	0.000	0.000	0.000
ALL	5	0.120	0.320	0.040	0.000	0.000	0.000
ALL	7	0.000	0.400	0.000	0.000	0.000	0.000
ALL	9	0.000	0.500	0.000	0.000	0.000	0.000
ALL	10	0.000	0.375	0.000	0.000	0.000	0.000
ALL	11	0.000	0.000	0.000	1.000	0.000	0.000
ALL	12	0.000	0.300	0.000	0.000	0.000	0.000
ALL	13	0.167	0.500	0.000	0.000	0.000	0.167
ALL	14	0.000	0.249	0.023	0.005	0.000	0.124
ALL	15	0.007	0.370	0.007	0.007	0.000	0.116
ALL	16	0.000	0.700	0.000	0.000	0.000	0.000
ALL	17	0.000	0.231	0.000	0.000	0.000	0.077
ALL	18	0.083	0.333	0.000	0.000	0.000	0.000
ALL	19	0.000	0.333	0.000	0.000	0.000	0.000
ALL	20	0.000	0.667	0.000	0.000	0.000	0.000
ALL	22	0.000	0.318	0.000	0.000	0.000	0.091
ALL	23	0.000	0.000	0.000	0.000	0.000	0.000
ALL	24	0.023	0.295	0.000	0.000	0.000	0.159
ALL	25	0.091	0.455	0.000	0.000	0.000	0.091

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

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ALL	27	0.500	4	0.250	0.250	0.000	0.000
ALL	28	0.300	10	0.000	0.000	0.000	0.000
ALL	31	0.571	7	0.143	0.000	0.143	0.000
ALL	32	0.500	2	0.000	0.000	0.000	0.000
ALL	34	1.000	3	0.333	0.333	0.000	0.000
ALL	35	2.000	1	1.000	1.000	0.000	0.000
ALL	36	0.200	5	0.000	0.000	0.000	0.000
ALL	38	0.500	2	0.500	0.000	0.500	0.000
ALL	39	0.852	81	0.012	0.000	0.012	0.802
ALL	40	0.667	3	0.000	0.000	0.000	0.333
ALL	42	0.500	2	0.000	0.000	0.000	0.000
ALL	43	1.000	1	0.000	0.000	0.000	0.000
ALL	44	0.500	2	0.000	0.000	0.000	0.500
ALL	45	0.500	4	0.000	0.000	0.000	0.250
ALL	46	1.500	2	0.500	0.000	0.500	1.000
ALL	47	1.000	4	0.000	0.000	0.000	0.750
ALL	49	0.500	2	0.000	0.000	0.000	0.000
ALL	50	0.500	2	0.000	0.000	0.000	0.000
ALL	51	0.000	1	0.000	0.000	0.000	0.000
ALL	53	0.333	9	0.111	0.000	0.111	0.000
ALL	55	0.125	8	0.000	0.000	0.000	0.125
ALL	56	0.500	4	0.250	0.000	0.250	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	27	0.000	0.000	0.000	0.000	0.000	0.250
ALL	28	0.000	0.200	0.000	0.000	0.000	0.100
ALL	31	0.000	0.286	0.000	0.000	0.000	0.143
ALL	32	0.000	0.500	0.000	0.000	0.000	0.000
ALL	34	0.333	0.333	0.000	0.000	0.000	0.000
ALL	35	0.000	1.000	0.000	0.000	0.000	0.000
ALL	36	0.000	0.200	0.000	0.000	0.000	0.000
ALL	38	0.000	0.000	0.000	0.000	0.000	0.000
ALL	39	0.000	0.012	0.000	0.000	0.000	0.025
ALL	40	0.000	0.333	0.000	0.000	0.000	0.000
ALL	42	0.000	0.500	0.000	0.000	0.000	0.000
ALL	43	0.000	1.000	0.000	0.000	0.000	0.000
ALL	44	0.000	0.000	0.000	0.000	0.000	0.000
ALL	45	0.000	0.250	0.000	0.000	0.000	0.000
ALL	46	0.000	0.000	0.000	0.000	0.000	0.000
ALL	47	0.000	0.250	0.000	0.000	0.000	0.000
ALL	49	0.500	0.000	0.000	0.000	0.000	0.000
ALL	50	0.000	0.500	0.000	0.000	0.000	0.000
ALL	51	0.000	0.000	0.000	0.000	0.000	0.000
ALL	53	0.000	0.222	0.000	0.000	0.000	0.000
ALL	55	0.000	0.000	0.000	0.000	0.000	0.000
ALL	56	0.000	0.250	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	63	0.500	2	0.000	0.000	0.000	0.000
ALL	64	0.833	6	0.167	0.000	0.167	0.500
ALL	65	1.167	24	0.125	0.000	0.125	0.375
ALL	66	0.636	11	0.091	0.000	0.091	0.182
ALL	68	0.762	42	0.214	0.143	0.071	0.238
ALL	69	0.500	8	0.125	0.000	0.125	0.125
ALL	72	1.000	2	0.500	0.000	0.500	0.000
ALL	73	0.875	8	0.125	0.000	0.125	0.375
ALL	75	0.450	20	0.100	0.100	0.000	0.000
ALL	76	0.500	6	0.167	0.167	0.000	0.000
ALL	77	1.500	2	1.000	0.500	0.500	0.500
ALL	78	0.375	24	0.125	0.125	0.000	0.000
ALL	79	0.593	59	0.203	0.203	0.000	0.068
ALL	80	0.500	2	0.000	0.000	0.000	0.000
ALL	82	0.657	70	0.171	0.129	0.043	0.200
ALL	83	1.200	5	0.400	0.400	0.000	0.600
ALL	84	2.500	2	1.000	0.000	1.000	0.500
ALL	85	1.000	14	0.500	0.500	0.000	0.071
ALL	87	0.945	91	0.582	0.560	0.022	0.022
ALL	88	0.854	130	0.423	0.315	0.108	0.100
ALL	89	0.638	351	0.177	0.157	0.020	0.040
ALL	90	0.577	26	0.192	0.077	0.115	0 115

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	63	0.000	0.500	0.000	0.000	0.000	0.000
ALL	64	0.000	0.167	0.000	0.000	0.000	0.000
ALL	65	0.000	0.500	0.000	0.000	0.000	0.167
ALL	66	0.000	0.364	0.000	0.000	0.000	0.000
ALL	68	0.000	0.214	0.000	0.000	0.000	0.095
ALL	69	0.000	0.250	0.000	0.000	0.000	0.000
ALL	72	0.000	0.500	0.000	0.000	0.000	0.000
ALL	73	0.000	0.250	0.000	0.000	0.000	0.125
ALL	75	0.100	0.250	0.000	0.000	0.000	0.000
ALL	76	0.000	0.167	0.000	0.000	0.000	0.167
ALL	77	0.000	0.000	0.000	0.000	0.000	0.000
ALL	78	0.000	0.250	0.000	0.000	0.000	0.000
ALL	79	0.000	0.237	0.000	0.000	0.000	0.085
ALL	80	0.000	0.500	0.000	0.000	0.000	0.000
ALL	82	0.071	0.143	0.000	0.029	0.000	0 043
ALL	83	0.000	0.000	0.200	0.000	0.000	0.000
ALL	84	0.000	0.500	0.500	0.000	0.000	0 000
ALL	85	0.000	0.357	0.000	0.000	0.000	0.071
ALL	87	0.000	0.209	0.000	0.022	0.000	0.110
ALL	88	0.000	0.238	0.015	0.008	0.000	0.069
ALL	89	0.000	0.282	0.017	0.020	0.003	0.100
ALL	90	0.000	0.269	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	91	1.000	1	1.000	0.000	1.000	0.000
ALL	92	0.818	11	0.545	0.273	0.273	0.091
ALL	94	0.250	4	0.250	0.250	0.000	0.000
ALL	95	2.000	1	0.000	0.000	0.000	0.000
ALL	96	0.508	179	0.084	0.028	0.056	0.112
ALL	97	0.696	23	0.348	0.087	0.261	0.087
ALL	99	1.073	41	0.610	0.220	0.390	0.000
ALL	100	0.429	7	0.143	0.000	0.143	0.143
ALL	101	1.150	20	0.450	0.300	0.150	0.150
ALL	102	0.500	2	0.000	0.000	0.000	0.500
ALL	104	0.000	2	0.000	0.000	0.000	0.000
ALL	105	0.333	6	0.000	0.000	0.000	0.000
ALL	106	0.333	9	0.000	0.000	0.000	0.000
ALL	107	0.273	11	0.091	0.000	0.091	0.000
ALL	108	0.286	7	0.286	0.286	0.000	0.000
ALL	109	0.600	5	0 400	0.200	0.200	0.000
ALL	110	0.568	37	0 081	0.081	0.000	0.027
ALL	111	0.400	5	0.000	0.000	0.000	0.000
ALL	112	0.500	10	0.300	0.100	0.200	0.000
ALL	113	0.455	11	0.091	0.091	0.000	0.000
ALL	114	1.000	1	0.000	0.000	0.000	0.000
ALL	115	0.000	2	0.000	0 000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	91	0.000	0.000	0.000	0.000	0.000	0.000
ALL	92	0.000	0.182	0.000	0.000	0.000	0.000
ALL	94	0.000	0.000	0.000	0.000	0.000	0.000
ALL	95	0.000	0.000	0.000	1.000	0.000	1.000
ALL	96	0.000	0.229	0.011	0.011	0.000	0.061
ALL	97	0.000	0.261	0.000	0.000	0 000	0.000
ALL	99	0.000	0.366	0.049	0.000	0.000	0.049
ALL	100	0.000	0.143	0.000	0.000	0.000	0.000
ALL	101	0.100	0.450	0.000	0.000	0.000	0.000
ALL	102	0.000	0.000	0.000	0.000	0.000	0.000
ALL	104	0.000	0.000	0.000	0.000	0.000	0.000
ALL	105	0.167	0.167	0.000	0.000	0.000	0.000
ALL	106	0.000	0.333	0.000	0.000	0.000	0.000
ALL	107	0.091	0.091	0.000	0.000	0.000	0.000
ALL	108	0.000	0.000	0.000	0.000	0.000	0.000
ALL	109	0.000	0.200	0.000	0.000	0.000	0.000
ALL	110	0.054	0.351	0.000	0.000	0.000	0.054
ALL	111	0.200	0.200	0.000	0.000	0.000	0.000
ALL	112	0.000	0 200	0.000	0.000	0.000	0.000
ALL	113	0.091	0.273	0.000	0.000	0.000	0 000
ALL	114	0.000	1.000	0.000	0.000	0.000	0.000
ALL	115	0.000	0.000	0.000	0.000	0 000	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	116	0.429	14	0.000	0.000	0.000	0.000
ALL	117	0.429	7	0.000	0.000	0.000	0.000
ALL	118	0.333	6	0.000	0.000	0.000	0.000
ALL	120	1.000	4	0.250	0.250	0.000	0.000
ALL	121	0.375	72	0.208	0.194	0.014	0.000
ALL	122	0.362	105	0.171	0.076	0.095	0.010
ALL	123	0.241	54	0.074	0.074	0.000	0.000
ALL	124	0.389	18	0.278	0.222	0.056	0.000
ALL	125	0.152	33	0.000	0.000	0.000	0.000
ALL	126	1.000	2	1.000	1.000	0.000	0.000
ALL	127	0.616	388	0.134	0.093	0.041	0.046
ALL	128	0.500	32	0.094	0.000	0.094	0.063
ALL	129	0.769	13	0.538	0.538	0.000	0.000
ALL	130	0.714	63	0.254	0.222	0.032	0.127
ALL	131	0.500	16	0.250	0.125	0.125	0.125
ALL	132	1.476	42	0.857	0.643	0.214	0.071
ALL	133	1.500	2	0.500	0.500	0.000	0.000
ALL	134	0.897	39	0.256	0.051	0.205	0.179
ALL	135	1.250	8	0.375	0.250	0.125	0.125
ALL	136	1.000	2	0.500	0.000	0.500	0.000
ALL	138	0.410	166	0.108	0.066	0.042	0.030
ALL	139	0.400	20	0.150	0.050	0.100	0.050

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	116	0.000	0.429	0.000	0.000	0.000	0.000
ALL	117	0.000	0.429	0.000	0.000	0.000	0.000
ALL	118	0.167	0.167	0.000	0.000	0.000	0.000
ALL	120	0.000	0.750	0.000	0.000	0.000	0.000
ALL	121	0.000	0.125	0.014	0.000	0.000	0.028
ALL	122	0.000	0.086	0.019	0.029	0.000	0.048
ALL	123	0.000	0.000	0.000	0.000	0.000	0.167
ALL	124	0.000	0.111	0.000	0.000	0.000	0.000
ALL	125	0.061	0.091	0.000	0.000	0.000	0.000
ALL	126	0.000	0.000	0.000	0.000	0.000	0.000
ALL	127	0.000	0.330	0.010	0.010	0.003	0.082
ALL	128	0.000	0.188	0.000	0.063	0.000	0.094
ALL	129	0.000	0.000	0.000	0.000	0.000	0.231
ALL	130	0.000	0.238	0.016	0.000	0.000	0.079
ALL	131	0.063	0.063	0.000	0.000	0.000	0.000
ALL	132	0.000	0.381	0.024	0.024	0.000	0.119
ALL	133	0.000	1.000	0.000	0.000	0.000	0.000
ALL	134	0.000	0.359	0.000	0.000	0.000	0.103
ALL	135	0.000	0.500	0.000	0.125	0.000	0.125
ALL	136	0.000	0.500	0.000	0.000	0.000	0.000
ALL	138	0.000	0.199	0.000	0.012	0.006	0.054
ALL	139	0.000	0.150	0.000	0.000	0.000	0.050

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	140	0.582	261	0.153	0.084	0.069	0.031
ALL	141	0.788	80	0.188	0.038	0.150	0.100
ALL	142	0.900	10	0.300	0.000	0.300	0.000
ALL	143	0.577	52	0.192	0.000	0.192	0.038
ALL	144	0.727	33	0.273	0.273	0.000	0.030
ALL	145	0.750	12	0.583	0.333	0.250	0.000
ALL	146	0.727	11	0.091	0.091	0.000	0.000
ALL	148	0.453	53	0.019	0.000	0.019	0.000
ALL	149	1.000	5	0.200	0.000	0.200	0.000
ALL	150	0.667	9	0.333	0.111	0.222	0.000
ALL	151	0.000	1	0.000	0.000	0.000	0.000
ALL	152	1.125	8	0.375	0.250	0.125	0.125
ALL	153	0.500	2	0.000	0.000	0.000	0.000
ALL	154	0.737	38	0.211	0.211	0.000	0.026
ALL	155	1.000	3	0.333	0.333	0.000	0.333
ALL	157	0.480	25	0.120	0.000	0.120	0.280
ALL	158	0.800	10	0.300	0.000	0.300	0.300
ALL	159	0.778	18	0.167	0.167	0.000	0.000
ALL	160	0.333	6	0.000	0.000	0.000	0.000
ALL	161	0.431	58	0.069	0.000	0.069	0.017
ALL	162	0.500	20	0.200	0.000	0.200	0.000
ALL	164	0.000	2	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	140	0.000	0.322	0.004	0.008	0.004	0.061
ALL	141	0.000	0.350	0.000	0.025	0.000	0.125
ALL	142	0.000	0.600	0.000	0.000	0.000	0.000
ALL	143	0.000	0.250	0.000	0.019	0.000	0.077
ALL	144	0.000	0.242	0.030	0.030	0.000	0.121
ALL	145	0.000	0.083	0.000	0.000	0.000	0.083
ALL	146	0.091	0.364	0.000	0.000	0.000	0.182
ALL	148	0.075	0.283	0.000	0.019	0.000	0.057
ALL	149	0.400	0.400	0.000	0.000	0.000	0.000
ALL	150	0.000	0.222	0.000	0.000	0.000	0.111
ALL	151	0.000	0.000	0.000	0.000	0.000	0.000
ALL	152	0.125	0.375	0.000	0.000	0.000	0.125
ALL	153	0.000	0.500	0.000	0.000	0.000	0.000
ALL	154	0.026	0.395	0.000	0.000	0.053	0.026
ALL	155	0.333	0.000	0.000	0.000	0.000	0.000
ALL	157	0.080	0.000	0.000	0.000	0.000	0.000
ALL	158	0.100	0.100	0.000	0.000	0.000	0.000
ALL	159	0.056	0.556	0.000	0.000	0.000	0.000
ALL	160	0.000	0.333	0.000	0.000	0.000	0.000
ALL	161	0.052	0.276	0.000	0.017	0.000	0.000
ALL	162	0.050	0.250	0.000	0.000	0.000	0.000
ALL	164	0.000	0.000	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	166	1.250	4	0.000	0.000	0.000	0.000
ALL	167	1.000	2	0.500	0.500	0.000	0.000
ALL	168	0.600	5	0.200	0.200	0.000	0.200
ALL	170	0.583	12	0.333	0.333	0.000	0.000
ALL	172	0.919	37	0.378	0.324	0.054	0.081
ALL	173	0.667	3	0.000	0.000	0.000	0.667
ALL	174	0.743	113	0.168	0.124	0.044	0.088
ALL	175	1.077	13	0.538	0.077	0.462	0.231
ALL	176	0.714	7	0.286	0.286	0.000	0.143
ALL	177	0.765	17	0.353	0.059	0.294	0.235
ALL	178	0.500	4	0.000	0.000	0.000	0.500
ALL	179	0.833	6	0.333	0.333	0.000	0.167
ALL	180	0.741	54	0.259	0.204	0.056	0.148
ALL	181	0.625	8	0.250	0.000	0.250	0.125
ALL	182	0.796	245	0.159	0.024	0.135	0 188
ALL	183	0.818	33	0.182	0.000	0.182	0.303
ALL	184	1.000	1	0.000	0.000	0.000	0.000
ALL	187	0.000	1	0.000	0.000	0.000	0.000
ALL	188	0.750	32	0.250	0.125	0.125	0.125
ALL	189	1.250	4	0.500	0.000	0.500	0.500
ALL	192	0.000	1	0.000	0.000	0.000	0.000
ALL	193	0.429	7	0.143	0.143	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	166	0.000	0.500	0.000	0.000	0.250	0.500
ALL	167	0.000	0.500	0.000	0.000	0.000	0.000
ALL	168	0.000	0.000	0.000	0.000	0.000	0.200
ALL	170	0.000	0.167	0.000	0.000	0.000	0.083
ALL	172	0.000	0.297	0.000	0.027	0.000	0.135
ALL	173	0.000	0.000	0.000	0.000	0.000	0.000
ALL	174	0.000	0.372	0.009	0.009	0.009	0.088
ALL	175	0.000	0.154	0.000	0.000	0.000	0.154
ALL	176	0.000	0.143	0.000	0.000	0 000	0.143
ALL	177	0.000	0.118	0.000	0.000	0.000	0.059
ALL	178	0.000	0 000	0.000	0.000	0 000	0.000
ALL	179	0.000	0.333	0.000	0.000	0.000	0.000
ALL	180	0.000	0.185	0.000	0.037	0.000	0 111
ALL	181	0.000	0.250	0.000	0.000	0.000	0 000
ALL	182	0.004	0.331	0.004	0.016	0.000	0.094
ALL	183	0.000	0.273	0.000	0.000	0.000	0.061
ALL	184	0.000	1.000	0.000	0.000	0.000	0 000
ALL	187	0.000	0.000	0.000	0.000	0.000	0 000
ALL	188	0.000	0.313	0.000	0.031	0.000	0.031
ALL	189	0.000	0.000	0.000	0.000	0.000	0.250
ALL	192	0.000	0.000	0.000	0 000	0 000	0.000
ALL	193	0.143	0.143	0.000	0.000	0 000	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	194	1.000	1	0.000	0.000	0.000	0.000
ALL	195	0.333	15	0.067	0.067	0.000	0.000
ALL	196	0.333	3	0.000	0.000	0.000	0.000
ALL	197	0.457	35	0.114	0.057	0.057	0.000
ALL	198	0.385	13	0.000	0.000	0.000	0.000
ALL	199	1.000	3	0.333	0.333	0.000	0.000
ALL	200	1.000	1	1.000	1.000	0.000	0.000
ALL	201	0.000	2	0.000	0.000	0.000	0.000
ALL	202	1.067	15	0.333	0.267	0.067	0.267
ALL	203	0.364	22	0.091	0.091	0.000	0.000
ALL	204	0.455	22	0.045	0.000	0.045	0.091
ALL	205	1.188	16	0.375	0.250	0.125	0.188
ALL	206	0.500	2	0.500	0.500	0.000	0.000
ALL	207	0.697	33	0.182	0.091	0.091	0.121
ALL	208	1.167	6	0.333	0.333	0.000	0.333
ALL	209	0.780	91	0.000	0.000	0.000	0.000
ALL	210	0.750	80	0.038	0.038	0.000	0.000
ALL	211	1.000	2	0.500	0.000	0.500	0.000
ALL	213	0.500	2	0.000	0.000	0.000	0.000
ALL	214	0.750	20	0.100	0.000	0.100	0.000
ALL	215	0.909	11	0.182	0.000	0.182	0.000
ALL	216	0.000	2	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	194	0.000	1.000	0.000	0.000	0.000	0.000
ALL	195	0.000	0.267	0.000	0.000	0.000	0.000
ALL	196	0.000	0.333	0.000	0.000	0.000	0.000
ALL	197	0.029	0.257	0.029	0.000	0.000	0.029
ALL	198	0.077	0.308	0.000	0.000	0.000	0.000
ALL	199	0.000	0 667	0.000	0.000	0.000	0.000
ALL	200	0.000	0.000	0.000	0.000	0.000	0.000
ALL	201	0.000	0.000	0.000	0.000	0.000	0 000
ALL	202	0.000	0.467	0.000	0.000	0.000	0.000
ALL	203	0.000	0.273	0.000	0 000	0.000	0.000
ALL	204	0.000	0.273	0.000	0.000	0.000	0.045
ALL	205	0.000	0.500	0.063	0.000	0.000	0.063
ALL	206	0 000	0.000	0.000	0.000	0.000	0.000
ALL	207	0.000	0.333	0.000	0.000	0.000	0.061
ALL	208	0.000	0.333	0.000	0.000	0.000	0.167
ALL	209	0.088	0.626	0.000	0.000	0 000	0.066
ALL	210	0.025	0 613	0.025	0.000	0.025	0.025
ALL	211	0.000	0.500	0.000	0.000	0.000	0.000
ALL	213	0 000	0.500	0.000	0.000	0.000	0.000
ALL	214	0.100	0.550	0.000	0.000	0.000	0 000
ALL	215	0.091	0.636	0 000	0.000	0.000	0 000
ALL	216	0 000	0.000	0.000	0 000	0.000	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

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ALL	217	0.000	3	0.000	0.000	0.000	0.000
ALL	218	0.600	10	0.000	0.000	0.000	0.000
ALL	219	0.800	5	0.200	0.200	0.000	0.000
ALL	221	0.375	8	0.125	0.125	0.000	0.125
ALL	222	0.333	3	0.000	0.000	0.000	0.333
ALL	223	0.500	6	0.000	0.000	0.000	0.000
ALL	224	1.000	1	0.000	0.000	0.000	0.000
ALL	225	0.618	34	0.029	0.000	0.029	0.088
ALL	226	0.667	3	0.667	0.333	0.333	0.000
ALL	227	1.000	1	0.000	0.000	0.000	1.000
ALL	228	1.000	1	1.000	0.000	1.000	0.000
ALL	229	0.750	4	0.250	0.000	0.250	0.000
ALL	230	0.500	2	0.000	0.000	0.000	0.500
ALL	231	1.111	9	0.444	0.222	0.222	0.222
ALL	233	1.000	1	0.000	0.000	0.000	1.000
ALL	234	1.000	3	0.667	0.333	0.333	0.333
ALL	235	1.000	4	0.250	0.250	0.000	0.250
ALL	236	0.829	41	0.098	0.073	0.024	0.073
ALL	237	0.750	4	0.000	0.000	0.000	0.500
ALL	238	2.000	1	1.000	1.000	0.000	0.000
ALL	239	0.956	45	0.311	0.200	0.111	0.333
ALL	240	1.250	16	0.500	0.500	0.000	0.500

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	217	0.000	0.000	0.000	0.000	0.000	0.000
ALL	218	0.000	0.600	0.000	0.000	0.000	0.000
ALL	219	0.000	0.600	0.000	0.000	0.000	0.000
ALL	221	0.000	0.125	0.000	0.000	0.000	0.000
ALL	222	0.000	0.000	0.000	0.000	0.000	0.000
ALL	223	0.000	0.500	0.000	0.000	0.000	0.000
ALL	224	0.000	1.000	0.000	0.000	0.000	0.000
ALL	225	0.000	0.441	0.000	0.000	0.000	0.059
ALL	226	0.000	0.000	0.000	0.000	0.000	0.000
ALL	227	0.000	0.000	0.000	0.000	0.000	0.000
ALL	228	0.000	0.000	0.000	0.000	0.000	0.000
ALL	229	0.000	0.500	0.000	0.000	0.000	0.000
ALL	230	0.000	0.000	0.000	0.000	0.000	0.000
ALL	231	0.111	0.333	0.000	0.000	0.000	0.000
ALL	233	0.000	0.000	0.000	0.000	0.000	0.000
ALL	234	0.000	0.000	0.000	0.000	0.000	0.000
ALL	235	0.000	0.500	0.000	0.000	0.000	0.000
ALL	236	0.000	0.537	0.024	0.049	0.000	0.049
ALL	237	0.000	0.250	0.000	0.000	0.000	0.000
ALL	238	0.000	1.000	0.000	0.000	0.000	0.000
ALL	239	0.022	0.244	0.000	0.000	0.000	0.044
ALL	240	0.000	0.250	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
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ALL	241	1.000	4	0.250	0.000	0.250	0.750
ALL	242	1.500	2	0.500	0.500	0.000	0.000
ALL	243	0.947	113	0.097	0.027	0.071	0.301
ALL	244	1.053	19	0.158	0.053	0.105	0.421
ALL	245	1.000	4	0.500	0.000	0.500	0.500
ALL	246	1.400	5	0.400	0.000	0.400	0.800
ALL	247	1.000	8	0.250	0.000	0.250	0.500
ALL	248	1.100	10	0.300	0.000	0.300	0.300
ALL	249	0.000	1	0.000	0.000	0.000	0.000
ALL	250	0.563	16	0.063	0.000	0.063	0.188
ALL	251	1.000	1	0.000	0.000	0.000	0.000
ALL	253	1.143	21	0.238	0.048	0.190	0.143
ALL	254	0.500	2	0.000	0.000	0.000	0.000
ALL	256	0.500	10	0.000	0.000	0.000	0.200
ALL	257	0.391	23	0.043	0.000	0.043	0.000
ALL	258	0.000	1	0.000	0.000	0.000	0.000
ALL	259	1.000	2	0.500	0.000	0.500	0.000
ALL	261	1.000	3	0.333	0.333	0.000	0.667
ALL	262	0.500	10	0.100	0.000	0.100	0.300
ALL	263	0.800	5	0.000	0.000	0.000	0.000
ALL	264	1.000	3	0.667	0.000	0.667	0.333
ALL	265	1.000	3	0.333	0.333	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	241	0.000	0.000	0.000	0.000	0.000	0.000
ALL	242	0.000	1.000	0.000	0.000	0.000	0.000
ALL	243	0.009	0.434	0.018	0.009	0.009	0.071
ALL	244	0.000	0.368	0.053	0.000	0.000	0.053
ALL	245	0.000	0.000	0.000	0.000	0.000	0.000
ALL	246	0.000	0.200	0.000	0.000	0.000	0.000
ALL	247	0.125	0.000	0.000	0.000	0.000	0.125
ALL	248	0.000	0.500	0.000	0.000	0.000	0.000
ALL	249	0.000	0.000	0.000	0.000	0.000	0.000
ALL	250	0.000	0.313	0.000	0.000	0.000	0.000
ALL	251	0.000	1.000	0.000	0.000	0.000	0.000
ALL	253	0.048	0.429	0.095	0.048	0.000	0.143
ALL	254	0.000	0.500	0.000	0.000	0.000	0.000
ALL	256	0.000	0.300	0.000	0.000	0.000	0.000
ALL	257	0.087	0.261	0.000	0.000	0.000	0.000
ALL	258	0.000	0.000	0.000	0.000	0.000	0.000
ALL	259	0.000	0.500	0.000	0.000	0.000	0.000
ALL	261	0.000	0.000	0.000	0.000	0.000	0.000
ALL	262	0.000	0.100	0.000	0.000	0.000	0.000
ALL	263	0.200	0.600	0.000	0.000	0.000	0.000
ALL	264	0.000	0.000	0.000	0.000	0.000	0.000
ALL	265	0.000	0.667	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	266	0.500	6	0.000	0.000	0.000	0.333
ALL	267	1.000	1	0.000	0.000	0.000	1.000
ALL	268	0.500	2	0.000	0.000	0.000	0.500
ALL	269	1.000	7	0.429	0.000	0.429	0.143
ALL	270	0.667	3	0.333	0.000	0.333	0.333
ALL	271	1.111	18	0.500	0.389	0.111	0.167
ALL	272	0.455	11	0.182	0.182	0.000	0.091
ALL	273	0.000	1	0.000	0.000	0.000	0.000
ALL	274	0.500	2	0.500	0.500	0.000	0.000
ALL	275	2.000	1	1.000	0.000	1.000	0.000
ALL	277	0.415	41	0.122	0.098	0.024	0.049
ALL	278	0.500	2	0.500	0.000	0.500	0.000
ALL	280	1.200	20	0.300	0.000	0.300	0.350
ALL	281	0.429	7	0.143	0.000	0.143	0.000
ALL	283	0.875	8	0.125	0.000	0.125	0.375
ALL	285	1.000	6	0.167	0.167	0.000	0.000
ALL	286	0.500	2	0.000	0.000	0.000	0.000
ALL	287	0.667	3	0.333	0.333	0.000	0.000
ALL	289	1.000	2	0.500	0.000	0.500	0 000
ALL	290	0 625	8	0.000	0.000	0.000	0.000
ALL	292	1.000	2	0.000	0.000	0.000	0.000
ALL	294	0.736	121	0.149	0.058	0.091	0.223

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	266	0.000	0.167	0.000	0.000	0.000	0.000
ALL	267	0.000	0.000	0.000	0.000	0.000	0.000
ALL	268	0.000	0.000	0.000	0.000	0.000	0.000
ALL	269	0.000	0.286	0.000	0.000	0.000	0.143
ALL	270	0.000	0.000	0.000	0.000	0.000	0.000
ALL	271	0.000	0.278	0.000	0.056	0.000	0.111
ALL	272	0.000	0.182	0.000	0.000	0.000	0.000
ALL	273	0.000	0.000	0.000	0.000	0.000	0.000
ALL	274	0.000	0.000	0.000	0.000	0.000	0.000
ALL	275	0.000	0.000	0.000	0.000	0.000	1.000
ALL	277	0.000	0.146	0.000	0.049	0.000	0.049
ALL	278	0.000	0.000	0.000	0.000	0.000	0.000
ALL	280	0.000	0.450	0.000	0.000	0.000	0.100
ALL	281	0.000	0.286	0.000	0.000	0.000	0.000
ALL	283	0.000	0.250	0.000	0.000	0.000	0.125
ALL	285	0.167	0.500	0.000	0.000	0.000	0.167
ALL	286	0.000	0.500	0.000	0.000	0.000	0.000
ALL	[illegible]	0.000	0.333	0.000	0.000	0.000	0.000
ALL	[illegible]	0.000	0.500	0.000	0.000	0.000	0.000
ALL	290	0.000	0.625	0.000	0.000	0.000	0.000
ALL	292	0 000	1.000	0.000	0.000	0.000	0 000
ALL	294	0.000	0.314	0 008	0.000	0.000	0.041

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	295	0.500	6	0.000	0.000	0.000	0.000
ALL	296	0.746	173	0.214	0.168	0.046	0.069
ALL	297	0.778	9	0.444	0.111	0.333	0.000
ALL	299	1.000	1	1.000	1.000	0.000	0.000
ALL	300	0.750	8	0.250	0.250	0.000	0.250
ALL	301	0.000	1	0.000	0.000	0.000	0.000
ALL	302	0.000	2	0.000	0.000	0.000	0.000
ALL	303	0.444	9	0.000	0.000	0.000	0.000
ALL	304	0.778	9	0.222	0.222	0.000	0.111
ALL	306	0.615	26	0.385	0.385	0.000	0.038
ALL	307	0.333	3	0.333	0.000	0.333	0.000
ALL	308	0.643	14	0.357	0.214	0.143	0.071
ALL	309	1.000	2	0.500	0.500	0.000	0.500
ALL	310	0.345	29	0.069	0.000	0.069	0.103
ALL	311	1.000	4	0.500	0.000	0.500	0.500
ALL	312	0.333	6	0.167	0.167	0.000	0 000
ALL	313	0.500	2	0.000	0.000	0.000	0.500
ALL	315	0.400	10	0.200	0.100	0.100	0.000
ALL	316	0.633	30	0.300	0.267	0.033	0.033
ALL	318	1.125	8	0.625	0.500	0.125	0.125
ALL	320	0.645	107	0.159	0.056	0.103	0.103
ALL	321	0.571	7	0.143	0.000	0.143	0.286

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	295	0.000	0.500	0.000	0.000	0.000	0.000
ALL	296	0.000	0.347	0.000	0.029	0.006	0.081
ALL	297	0.000	0.111	0 000	0.111	0.000	0.111
ALL	299	0.000	0.000	0.000	0.000	0.000	0 000
ALL	300	0.125	0.125	0.000	0.000	0.000	0.000
ALL	301	0.000	0.000	0.000	0.000	0.000	0.000
ALL	302	0.000	0.000	0.000	0.000	0.000	0.000
ALL	303	0.222	0.111	0.000	0 000	0.111	0.000
ALL	304	0.000	0.444	0.000	0.000	0.000	0.000
ALL	306	0.115	0.077	0 000	0.000	0.000	0.000
ALL	307	0 000	0.000	0.000	0.000	0.000	0.000
ALL	308	0.071	0.071	0.000	0 000	0.000	0.071
ALL	309	0.000	0.000	0.000	0.000	0.000	0.000
ALL	310	0.034	0.103	0.000	0.000	0.000	0.034
ALL	311	0.000	0.000	0.000	0.000	0.000	0.000
ALL	312	0.000	0.167	0.000	0 000	0.000	0.000
ALL	313	0.000	0.000	0.000	0.000	0.000	0.000
ALL	315	0.000	0.200	0.000	0.000	0.000	0.000
ALL	316	0.033	0.100	0.000	0.033	0.000	0.133
ALL	318	0.000	0.375	0 000	0.000	0.000	0.000
ALL	320	0 000	0.206	0.009	0.056	0.000	0.112
ALL	321	0.000	0.143	0 000	0 000	0 000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	323	0.619	21	0.095	0.000	0.095	0.143
ALL	324	0.300	10	0.100	0.000	0.100	0.200
ALL	325	0.727	22	0.182	0.045	0.136	0.273
ALL	326	1.000	1	0.000	0.000	0.000	1.000
ALL	328	0.500	4	0.250	0.000	0.250	0.000
ALL	331	0.944	18	0.389	0.167	0.222	0.111
ALL	332	0.500	2	0.500	0.000	0.500	0.000
ALL	334	0.600	5	0.400	0.400	0.000	0.000
ALL	335	0.000	2	0.000	0.000	0.000	0.000
ALL	336	0.495	99	0.051	0.030	0.020	0.010
ALL	337	0.412	17	0.118	0.000	0.118	0.000
ALL	338	0.333	9	0.000	0.000	0.000	0.000
ALL	339	0.250	8	0.000	0.000	0.000	0.125
ALL	341	1.000	1	0.000	0.000	0.000	0.000
ALL	342	0.667	3	0.000	0.000	0.000	0.333
ALL	344	0 000	2	0.000	0.000	0.000	0.000
ALL	345	1.000	2	0.500	0.000	0.500	0.000
ALL	346	0.333	12	0.083	0.083	0.000	0.167
ALL	348	0.900	10	0.300	0.200	0.100	0.500
ALL	349	0.800	5	0.400	0.000	0.400	0.400
ALL	350	0.400	10	0.100	0.100	0.000	0.100
ALL	353	0.000	3	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	323	0.000	0.190	0.048	0.000	0	0.143
ALL	324	0.000	0.000	0.000	0.000	0	0.000
ALL	325	0.000	0.227	0.000	0.000	0	0.045
ALL	326	0.000	0.000	0.000	0.000	0	0.000
ALL	328	0.000	0.000	0.000	0.000	0	0.250
ALL	331	0.000	0.389	0.000	0.000	0	0.056
ALL	332	0.000	0.000	0.000	0.000	0	0.000
ALL	334	0.000	0.200	0.000	0.000	0	0.000
ALL	335	0.000	0.000	0.000	0.000	0	0.000
ALL	336	0.141	0.263	0.000	0.000	0	0.030
ALL	337	0.000	0.294	0.000	0.000	0	0.000
ALL	338	0 111	0.222	0.000	0.000	0	0.000
ALL	339	0.000	0.125	0.000	0.000	0	0.000
ALL	341	0.000	1.000	0.000	0.000	0	0.000
ALL	342	0.000	0.333	0.000	0.000	0	0.000
ALL	344	0.000	0 000	0.000	0.000	0	0.000
ALL	345	0.000	0.500	0.000	0.000	0	0.000
ALL	346	0.000	0.083	0.000	0.000	0	0.000
ALL	348	0.000	0.100	0.000	0.000	0	0.000
ALL	349	0 000	0.000	0.000	0.000	0	0.000
ALL	350	0.100	0.100	0.000	0.000	0	0.000
ALL	353	0.000	0.000	0.000	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	354	0.727	22	0.091	0.091	0.000	0.000
ALL	355	0.500	6	0.167	0.000	0.167	0.000
ALL	356	0.375	16	0.000	0.000	0.000	0.000
ALL	357	0.000	1	0.000	0.000	0.000	0.000
ALL	358	0.667	3	0.000	0.000	0.000	0.333
ALL	360	0.000	3	0.000	0.000	0.000	0.000
ALL	363	0.500	4	0.000	0.000	0.000	0.500
ALL	364	0.444	9	0.111	0.000	0.111	0.222
ALL	366	1.000	3	0.667	0.667	0.000	0.333
ALL	367	2.000	1	1.000	0.000	1.000	0.000
ALL	368	2.000	2	0.500	0.500	0.000	1.000
ALL	369	1.000	4	0.250	0.000	0.250	0.250
ALL	389	2 000	1	1.000	0.000	1.000	1.000
ALL	392	1.000	4	0.250	0.000	0.250	0.000
ALL	395	0.583	60	0 117	0.033	0.083	0.133
ALL	397	0.250	4	0.250	0.250	0.000	0.000
ALL	398	0.143	7	0.000	0.000	0.000	0 000
ALL	400	0.667	3	0.333	0.333	0.000	0 000
ALL	401	2.000	1	0.000	0.000	0.000	1.000
ALL	402	0.000	1	0.000	0.000	0.000	0.000
ALL	403	0.786	28	0.250	0.250	0.000	0.143
ALL	404	0 750	4	0.750	0.750	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	354	0.091	0.545	0.000	0 000	0	0.000
ALL	355	0.167	0.167	0.000	0.000	0	0.000
ALL	356	0.000	0.375	0.000	0.000	0	0.000
ALL	357	0.000	0.000	0.000	0.000	0	0.000
ALL	358	0.000	0.333	0.000	0.000	0	0.000
ALL	360	0.000	0.000	0.000	0.000	0	0.000
ALL	363	0.000	0.000	0.000	0.000	0	0.000
ALL	364	0.000	0.111	0 000	0.000	0	0.000
ALL	366	0.000	0.000	0.000	0.000	0	0.000
ALL	367	0.000	1.000	0.000	0 000	0	0.000
ALL	368	0.000	0.000	0.000	0 000	0	0.500
ALL	369	0.000	0.500	0.000	0.000	0	0.000
ALL	389	0.000	0.000	0.000	0.000	0	0.000
ALL	392	0.000	0.750	0.000	0.000	0	0.000
ALL	395	0 000	0 250	0 017	0.000	0	0.067
ALL	397	0 000	0.000	0 000	0.000	0	0.000
ALL	398	0.000	0.143	0.000	0 000	0	0.000
ALL	400	0 333	0 000	0 000	0 000	0	0.000
ALL	401	0 000	0 000	1 000	0.000	0	0.000
ALL	402	0 000	0 000	0 000	0.000	0	0.000
ALL	403	0 071	0.179	0 000	0.000	0	0 143
ALL	404	0.000	0 000	0.000	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE GLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	406	1.500	2	1.000	0.500	0.500	0.000
ALL	407	1.000	1	1.000	1.000	0.000	0.000
ALL	409	0.500	4	0.250	0.250	0.000	0.250
ALL	410	0.224	58	0.034	0.000	0.034	0.121
ALL	411	0.000	1	0.000	0.000	0.000	0.000
ALL	412	1.000	2	1.000	0.000	1.000	0.000
ALL	413	0.733	15	0.467	0.200	0.267	0.067
ALL	414	0.500	2	0.000	0.000	0.000	0.000
ALL	415	0.875	16	0.500	0.500	0.000	0.000
ALL	416	0.922	51	0.431	0.392	0.039	0.000
ALL	418	0.400	5	0.200	0.200	0.000	0.000
ALL	419	0.769	13	0.308	0.154	0.154	0.077
ALL	420	0.667	3	0.000	0.000	0.000	0.333
ALL	421	0.857	14	0.214	0 000	0.214	0.214
ALL	423	1.500	10	0.900	0.900	0.000	0.200
ALL	424	0.714	7	0.429	0.429	0.000	0.000
ALL	425	0.933	15	0.133	0.067	0.067	0.467
ALL	426	0.810	21	0.476	0.286	0.190	0.143
ALL	428	1.000	2	0.500	0.500	0.000	0.500
ALL	429	1.091	22	0.227	0.227	0.000	0.318
ALL	430	0.395	38	0.184	0.132	0.053	0.053
ALL	432	1.000	1	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	406	0.500	0.000	0.000	0.000	0.000	0.000
ALL	407	0.000	0.000	0.000	0.000	0.000	0.000
ALL	409	0.000	0.000	0.000	0.000	0.000	0.000
ALL	410	0.017	0.052	0.000	0.000	0.000	0.000
ALL	411	0.000	0.000	0.000	0.000	0.000	0.000
ALL	412	0.000	0.000	0.000	0.000	0.000	0.000
ALL	413	0.000	0.133	0.000	0.067	0.000	0.000
ALL	414	0.000	0.500	0.000	0.000	0.000	0.000
ALL	415	0.000	0.313	0.000	0.000	0.000	0.063
ALL	416	0.000	0.294	0.000	0.020	0.000	0.176
ALL	418	0.000	0.200	0.000	0 000	0.000	0.000
ALL	419	0.000	0.385	0.000	0.000	0.000	0.000
ALL	420	0.000	0 333	0.000	0.000	0.000	0.000
ALL	421	0.000	0.357	0.000	0.000	0.000	0.071
ALL	423	0.000	0.400	0.000	0.000	0.000	0.000
ALL	424	0.000	0.286	0.000	0.000	0.000	0.000
ALL	425	0.000	0.067	0.000	0 000	0.000	0.267
ALL	426	0.000	0.048	0.000	0 048	0.000	0.095
ALL	428	0.000	0 000	0.000	0.000	0.000	0.000
ALL	429	0.000	0.455	0.045	0.000	0.000	0.045
ALL	430	0.000	0.079	0 000	0.000	0.000	0.079
ALL	432	0 000	1 000	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE GLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	433	1.000	3	0.000	0.000	0.000	0.333
ALL	434	2.000	1	0.000	0.000	0.000	0.000
ALL	436	0.800	10	0.200	0.200	0.000	0.100
ALL	437	1.500	2	0.500	0.000	0.500	0.000
ALL	438	0.750	16	0.188	0.000	0.188	0 125
ALL	439	0.000	3	0.000	0.000	0.000	0.000
ALL	440	1.000	1	0.000	0.000	0 000	0.000
ALL	442	0.308	13	0.000	0.000	0.000	0.077
ALL	443	1.333	3	0.333	0.000	0.333	0.000
ALL	444	0.750	4	0.250	0.250	0.000	0.500
ALL	447	1.000	2	0.500	0.000	0.500	0.500
ALL	449	0.818	33	0 515	0.152	0.364	0.091
ALL	450	1.200	5	0.600	0.000	0.600	0.000
ALL	452	0.786	14	0.429	0.071	0.357	0.000
ALL	453	1.000	2	0.000	0 000	0.000	0.000
ALL	454	0.600	5	0.400	0 200	0 200	0.000
ALL	460	0.600	5	0.000	0.000	0 000	0 200
ALL	461	0.800	5	0.400	0.200	0.200	0.200
ALL	463	1 200	15	0.600	0.133	0.467	0 067
ALL	464	1.167	6	0.500	0.167	0.333	0.333
ALL	466	1.000	2	0 500	0.500	0.000	0.500
ALL	467	1.000	5	0.600	0.400	0.200	0.200

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	433	0.000	0.667	0.000	0.000	0.000	0.000
ALL	434	0.000	0.000	0.000	1.000	0.000	1.000
ALL	436	0.000	0.500	0.000	0.000	0.000	0.000
ALL	437	0.000	1.000	0.000	0.000	0.000	0.000
ALL	438	0.000	0.250	0.000	0.063	0.000	0.125
ALL	439	0.000	0.000	0.000	0.000	0.000	0.000
ALL	440	0.000	1.000	0.000	0.000	0.000	0.000
ALL	442	0.000	0.231	0.000	0.000	0.000	0.000
ALL	443	0.333	0.333	0.000	0.000	0.000	0.333
ALL	444	0.000	0.000	0.000	0.000	0.000	0.000
ALL	447	0.000	0.000	0.000	0.000	0.000	0.000
ALL	449	0.000	0.121	0.000	0.000	0.000	0.091
ALL	450	0.000	0.600	0.000	0.000	0.000	0.000
ALL	452	0.000	0.214	0.000	0.000	0.000	0.143
ALL	453	0.000	0.500	0.000	0.000	0.000	0.500
ALL	454	0.000	0 200	0.000	0.000	0.000	0.000
ALL	460	0.000	0.400	0.000	0.000	0.000	0.000
ALL	461	0.000	0 200	0.000	0 000	0.000	0.000
ALL	463	0.000	0 533	0 000	0.000	0.000	0.000
ALL	464	0.000	0 167	0.000	0 000	0.000	0.167
ALL	466	0.000	0.000	0.000	0 000	0 000	0 000
ALL	467	0.000	0 000	0 000	0 000	0.000	0.200

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	468	0.682	66	0.273	0.227	0.045	0.045
<100	TOTAL	0.785	2276	0.236	0.152	0.085	0 126
100-299	TOTAL	0.650	2388	0.185	0.110	0.075	0 101
300+	TOTAL	0.604	2386	0.166	0.096	0.070	0.089
<100	5	0.500	2	0.000	0.000	0.000	0 000
<100	10	1.000	5	0.200	0.200	0.000	0.200
<100	12	0.857	7	0.429	0.286	0.143	0.143
<100	14	0.872	78	0.308	0.269	0.038	0.026
<100	15	0.884	43	0.140	0.047	0.093	0.116
<100	16	1.750	4	1.000	0.250	0.750	0.000
<100	17	1.667	6	0.667	0.500	0.167	0.500
<100	18	1.000	3	0.000	0.000	0.000	1.000
<100	20	1.000	2	0.500	0.500	0.000	0.000
<100	22	0.813	16	0.250	0.188	0.063	0.125
<100	23	1.000	1	1.000	1.000	0.000	0.000
<100	24	0.684	19	0.000	0.000	0.000	0.211
<100	27	1.000	1	0.000	0.000	0.000	0.000
<100	28	1.000	3	0.000	0.000	0.000	0.000
<100	31	0.333	3	0.000	0.000	0.000	0.000
<100	32	0.500	2	0.000	0.000	0.000	0.000
<100	38	0.000	1	0.000	0.000	0.000	0.000
<100	39	1.000	5	0.000	0.000	0.000	0.800

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	468	0.015	0.273	0.000	0.015	0.015	0.045
<100	TOTAL	0.004	0.266	0.018	0.021	0.000	0.114
100-299	TOTAL	0.017	0.284	0.002	0.008	0.004	0.051
300+	TOTAL	0.026	0.282	0.002	0.004	0.002	0.035
<100	5	0.000	0.500	0.000	0.000	0.000	0.000
<100	10	0.000	0.600	0.000	0.000	0.000	0.000
<100	12	0.000	0.286	0.000	0 000	0.000	0.000
<100	14	0.000	0.244	0.064	0.013	0.000	0.218
<100	15	0.000	0.372	0.023	0.023	0.000	0.209
<100	16	0.000	0.750	0.000	0.000	0.000	0.000
<100	17	0.000	0.333	0.000	0.000	0.000	0.167
<100	18	0.000	0.000	0.000	0.000	0.000	0.000
<100	20	0.000	0.500	0 000	0.000	0.000	0.000
<100	22	0.000	0.313	0.000	0.000	0.000	0.125
<100	23	0.000	0.000	0.000	0.000	0.000	0.000
<100	24	0.000	0.263	0.000	0.000	0.000	0.211
<100	27	0.000	0.000	0.000	0.000	0.000	1.000
<100	28	0.000	0 667	0.000	0.000	0.000	0.333
<100	31	0.000	0.000	0.000	0.000	0.000	0.333
<100	32	0.000	0.500	0.000	0.000	0.000	0.000
<100	38	0.000	0.000	0.000	0.000	0.000	0.000
<100	39	0.000	0.000	0 000	0.000	0.000	0.200

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	43	1.000	1	0.000	0.000	0.000	0.000
<100	46	2.000	1	1.000	0.000	1.000	1.000
<100	47	1.000	1	0.000	0.000	0.000	0.000
<100	53	0.000	1	0.000	0.000	0.000	0.000
<100	64	1.000	1	0.000	0.000	0.000	1.000
<100	65	1.500	10	0.100	0.000	0.100	0.500
<100	66	0.500	2	0.000	0.000	0.000	0.500
<100	68	0.690	29	0.207	0.138	0.069	0.207
<100	69	0.500	4	0.000	0.000	0.000	0.250
<100	73	1.000	1	0.000	0.000	0.000	0.000
<100	78	0.500	4	0.000	0.000	0.000	0.000
<100	79	0.684	19	0.368	0.368	0.000	0.053
<100	82	0.857	14	0.214	0.143	0.071	0.286
<100	83	1.667	3	0.667	0.667	0.000	0.667
<100	84	2.000	1	1.000	0.000	1.000	1.000
<100	85	1.667	6	0.667	0.667	0.000	0.167
<100	87	1.205	39	0.692	0.667	0.026	0.051
<100	88	1.151	53	0.528	0.377	0.151	0.132
<100	89	0.665	182	0.209	0.198	0.011	0.038
<100	90	0.333	6	0.000	0.000	0.000	0.167
<100	92	0.667	3	0.667	0.333	0.333	0.000
<100	94	0.000	1	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	43	0	1.000	0.000	0.000	0	0.000
<100	46	0	0.000	0.000	0.000	0	0.000
<100	47	0	1.000	0.000	0.000	0	0.000
<100	53	0	0.000	0.000	0.000	0	0.000
<100	64	0	0.000	0.000	0.000	0	0.000
<100	65	0	0.500	0.000	0.000	0	0.400
<100	66	0	0.000	0.000	0.000	0	0.000
<100	68	0	0.172	0.000	0.000	0	0.103
<100	69	0	0.250	0.000	0.000	0	0.000
<100	73	0	0.000	0.000	0.000	0	1.000
<100	78	0	0.500	0.000	0.000	0	0.000
<100	79	0	0.211	0.000	0.000	0	0.053
<100	82	0	0.143	0.000	0.071	0	0.143
<100	83	0	0 000	0.333	0.000	0	0.000
<100	84	0	0.000	0.000	0.000	0	0.000
<100	85	0	0.667	0.000	0.000	0	0 167
<100	87	0	0 231	0.000	0.051	0	0 179
<100	88	0	0.321	0.038	0.000	0	0 132
<100	89	0	0.258	0.027	0.022	0	0.110
<100	90	0	0.167	0.000	0.000	0	0 000
<100	92	0	0.000	0.000	0.000	0	0 000
<100	94	0	0.000	0.000	0 000	0	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	95	2.000	1	0.000	0.000	0.000	0.000
<100	96	0.532	79	0.089	0.013	0.076	0.127
<100	97	0.714	7	0.571	0.000	0.571	0.000
<100	99	1.176	17	0.647	0.235	0.412	0.000
<100	100	0.500	2	0.000	0.000	0.000	0.500
<100	101	1.250	8	0.375	0.250	0.125	0.250
<100	108	1.000	2	1.000	1.000	0.000	0.000
<100	110	0.000	1	0.000	0.000	0.000	0.000
<100	111	0.000	1	0.000	0.000	0.000	0.000
<100	112	0.000	2	0.000	0.000	0.000	0.000
<100	113	0.000	3	0.000	0.000	0.000	0.000
<100	114	1.000	1	0.000	0.000	0.000	0.000
<100	116	0.000	1	0.000	0.000	0.000	0.000
<100	117	0.000	1	0.000	0.000	0.000	0.000
<100	121	0.500	26	0.308	0.308	0.000	0.000
<100	122	0.472	36	0.167	0.083	0.083	0.028
<100	123	0.176	17	0.059	0.059	0.000	0.000
<100	124	0.000	1	0.000	0.000	0.000	0.000
<100	126	1.000	2	1.000	1.000	0.000	0.000
<100	127	0.707	133	0.158	0.135	0.023	0.060
<100	128	0.500	8	0.000	0.000	0.000	0.000
<100	129	1.750	4	1.000	1.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	95	0.000	0.000	0.000	1.000	0	1.000
<100	96	0.000	0.190	0.013	0.025	0	0.089
<100	97	0.000	0.143	0.000	0.000	0	0.000
<100	99	0.000	0.353	0.118	0.000	0	0.059
<100	100	0.000	0.000	0.000	0.000	0	0.000
<100	101	0.000	0.625	0.000	0.000	0	0.000
<100	108	0.000	0.000	0.000	0.000	0	0.000
<100	110	0.000	0.000	0.000	0.000	0	0.000
<100	111	0.000	0.000	0.000	0.000	0	0.000
<100	112	0.000	0.000	0.000	0.000	0	0.000
<100	113	0.000	0.000	0.000	0.000	0	0.000
<100	114	0.000	1.000	0.000	0.000	0	0.000
<100	116	0.000	0.000	0.000	0.000	0	0.000
<100	117	0.000	0.000	0.000	0.000	0	0.000
<100	121	0.000	0.154	0.000	0.000	0	0.038
<100	122	0.000	0.028	0.056	0.083	0	0.111
<100	123	0.000	0.000	0.000	0.000	0	0.118
<100	124	0.000	0.000	0.000	0.000	0	0.000
<100	126	0.000	0.000	0.000	0.000	0	0.000
<100	127	0.000	0.301	0.030	0.023	0	0.135
<100	128	0.000	0.125	0.000	0.125	0	0.250
<100	129	0.000	0.000	0.000	0.000	0	0.750

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	130	0.850	20	0.350	0.300	0.050	0.200
<100	131	0.500	4	0.250	0.000	0.250	0.250
<100	132	1.700	20	0.900	0.750	0.150	0.050
<100	133	1.500	2	0.500	0.500	0.000	0.000
<100	134	0.950	20	0.350	0.050	0.300	0.200
<100	135	2.000	1	1.000	1.000	0.000	0.000
<100	138	0.321	53	0.075	0.038	0.038	0.038
<100	139	0.429	7	0.143	0.143	0.000	0.000
<100	140	0.621	95	0.126	0.074	0.053	0.053
<100	141	1.069	29	0.310	0.103	0.207	0.207
<100	142	1.667	3	0.667	0.000	0.667	0.000
<100	143	0.600	15	0.133	0.000	0.133	0.067
<100	144	0.500	4	0.000	0.000	0.000	0.000
<100	145	0.667	6	0.500	0.333	0.167	0.000
<100	146	1.333	3	0.333	0.333	0.000	0.000
<100	148	0.571	14	0.000	0.000	0.000	0.000
<100	149	0.000	1	0.000	0.000	0.000	0.000
<100	150	1.500	2	0.500	0.000	0.500	0.000
<100	152	0.333	3	0.333	0.000	0.333	0.000
<100	154	0.250	4	0.000	0.000	0.000	0.000
<100	157	0.333	6	0.000	0.000	0.000	0.167
<100	158	1.000	3	0.333	0.000	0.333	0.667

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	130	0.000	0.150	0.000	0.000	0.000	0.150
<100	131	0.000	0.000	0.000	0.000	0.000	0.000
<100	132	0.000	0.500	0.000	0.050	0.000	0.200
<100	133	0.000	1.000	0.000	0.000	0.000	0.000
<100	134	0.000	0.300	0.000	0.000	0.000	0.100
<100	135	0.000	1.000	0.000	0.000	0.000	0.000
<100	138	0.000	0.113	0.000	0.019	0.000	0.075
<100	139	0.000	0.143	0.000	0.000	0.000	0.143
<100	140	0.000	0.316	0.000	0.011	0.000	0.116
<100	141	0.000	0.241	0.000	0.034	0.000	0.276
<100	142	0.000	1.000	0.000	0.000	0.000	0.000
<100	143	0.000	0.200	0.000	0.000	0.000	0.200
<100	144	0.000	0.250	0.250	0.000	0.000	0.000
<100	145	0.000	0.167	0.000	0.000	0.000	0.000
<100	146	0.333	0.333	0.000	0.000	0.000	0.333
<100	148	0.071	0.286	0.000	0.071	0.000	0.143
<100	149	0.000	0.000	0.000	0.000	0.000	0.000
<100	150	0.000	0.500	0.000	0.000	0.000	0.500
<100	152	0.000	0.000	0.000	0.000	0.000	0.000
<100	154	0.000	0.250	0.000	0.000	0.000	0.000
<100	157	0.167	0.000	0.000	0.000	0.000	0.000
<100	158	0.000	0.000	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

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<100	159	0.800	10	0.200	0.200	0.000	0.000
<100	161	0.273	11	0.182	0.000	0.182	0.000
<100	162	0.455	11	0.182	0.000	0.182	0.000
<100	166	0.000	1	0.000	0.000	0.000	0.000
<100	168	2.000	1	0.000	0.000	0.000	1.000
<100	170	1.000	3	0.667	0.667	0.000	0.000
<100	172	1.455	11	0.545	0.455	0.091	0.182
<100	173	1.000	1	0.000	0.000	0.000	1.000
<100	174	0.806	31	0.194	0.194	0.000	0.032
<100	175	1.000	2	0.500	0.000	0.500	0.000
<100	176	0.750	4	0.250	0.250	0.000	0.000
<100	177	0.750	4	0.500	0.000	0.500	0.000
<100	178	0.500	2	0.000	0.000	0.000	0.500
<100	179	1.000	2	0.500	0.500	0.000	0.000
<100	180	0.696	23	0.348	0.217	0.130	0.043
<100	181	2.000	1	1.000	0.000	1.000	0.000
<100	182	0.888	116	0.164	0.017	0.147	0.198
<100	183	0.800	10	0.100	0.000	0.100	0.400
<100	188	0.818	11	0.182	0.182	0.000	0.182
<100	189	0.000	1	0.000	0.000	0.000	0.000
<100	192	0.000	1	0.000	0.000	0.000	0.000
<100	193	0.500	2	0.000	0.000	0.000	0.000

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
<100	159	0.000	0.600	0.000	0.000	0.000	0.000
<100	161	0.000	0.091	0.000	0.000	0.000	0.000
<100	162	0.091	0.182	0.000	0.000	0.000	0.000
<100	166	0.000	0.000	0.000	0.000	0.000	0.000
<100	168	0.000	0.000	0.000	0.000	0.000	1.000
<100	170	0.000	0.333	0.000	0.000	0.000	0.000
<100	172	0.000	0.364	0.000	0.091	0.000	0.273
<100	173	0.000	0.000	0.000	0.000	0.000	0.000
<100	174	0.000	0.419	0.032	0.000	0.032	0.097
<100	175	0.000	0.000	0.000	0.000	0.000	0.500
<100	176	0.000	0.250	0.000	0.000	0.000	0.250
<100	177	0.000	0.000	0.000	0.000	0.000	0.250
<100	178	0.000	0.000	0.000	0.000	0.000	0.000
<100	179	0.000	0.500	0.000	0.000	0.000	0.000
<100	180	0.000	0.174	0.000	0.043	0.000	0.087
<100	181	0.000	1.000	0.000	0.000	0.000	0.000
<100	182	0.000	0.345	0.009	0.026	0.000	0.147
<100	183	0.000	0 200	0.000	0.000	0 000	0.100
<100	188	0.000	0.273	0.000	0.091	0.000	0 091
<100	189	0.000	0.000	0.000	0.000	0 000	0.000
<100	192	0.000	0.000	0.000	0.000	0.000	0.000
<100	193	0.000	0.500	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE GLASS
UNWEIGHTED DATA

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	196	0.000	2	0.000	0.000	0.000	0.000
<100	197	0.545	11	0.091	0.000	0.091	0.000
<100	198	0.500	4	0.000	0.000	0.000	0.000
<100	199	0.000	1	0.000	0.000	0.000	0.000
<100	202	1.167	6	0.333	0.333	0.000	0.167
<100	203	0.500	8	0.000	0.000	0.000	0.000
<100	204	0.333	6	0 167	0.000	0.167	0.167
<100	205	2 667	3	1.000	1.000	0.000	0.000
<100	206	0.000	1	0.000	0.000	0.000	0.000
<100	207	0.364	11	0 182	0.091	0.091	0 000
<100	208	0.750	4	0.250	0.250	0.000	0.250
<100	209	0.800	15	0.000	0.000	0.000	0.000
<100	210	0.950	20	0.000	0.000	0.000	0.000
<100	214	1.000	1	0.000	0.000	0.000	0.000
<100	221	1.000	1	1.000	1.000	0.000	0.000
<100	225	0 400	20	0.050	0.000	0.050	0.050
<100	228	1.000	1	1.000	0.000	1.000	0.000
<100	231	1.000	2	0 000	0.000	0.000	0.000
<100	234	1.000	3	0.667	0.333	0.333	0.333
<100	235	1.333	3	0.333	0.333	0.000	0.333
<100	236	0.900	20	0.100	0.050	0.050	0.100
<100	237	1.000	2	0.000	0.000	0.000	1.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
<100	196	0 000	0.000	0.000	0.000	0	0.000
<100	197	0.000	0.273	0.091	0.000	0	0.091
<100	198	0.000	0.500	0.000	0.000	0	0.000
<100	199	0.000	0.000	0 000	0.000	0	0.000
<100	202	0.000	0.667	0.000	0.000	0	0.000
<100	203	0.000	0.500	0.000	0.000	0	0.000
<100	204	0.000	0.000	0.000	0.000	0	0.000
<100	205	0.000	1 000	0.333	0.000	0	0.333
<100	206	0.000	0.000	0.000	0.000	0	0.000
<100	207	0.000	0.182	0.000	0 000	0	0.000
<100	208	0.000	0.250	0.000	0.000	0	0.000
<100	209	0.000	0.533	0 000	0.000	0	0.267
<100	210	0.000	0.750	0.100	0 000	0	0.100
<100	214	0 000	1.000	0.000	0.000	0	0.000
<100	221	0.000	0.000	0.000	0 000	0	0.000
<100	225	0.000	0.250	0.000	0.000	0	0.050
<100	228	0.000	0.000	0.000	0.000	0	0.000
<100	231	0 500	0.500	0 000	0.000	0	0.000
<100	234	0 000	0.000	0.000	0.000	0	0.000
<100	235	0 000	0.667	0.000	0 000	0	0.000
<100	236	0.000	0 550	0.050	0 050	0	0.050
<100	237	0 000	0.000	0 000	0 000	0	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRC AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANCES TO LOWER WEIGHT	CHANGES TO HICHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	238	2.000	1	1.000	1.000	0.000	0.000
<100	239	1.250	8	0.375	0.250	0.125	0.625
<100	240	1.286	7	0.714	0.714	0.000	0.286
<100	241	0.500	2	0.000	0.000	0.000	0.500
<100	243	0.953	43	0.070	0.023	0.047	0.488
<100	244	1.125	8	0.125	0.000	0.125	0.375
<100	245	1.000	2	0.500	0.000	0.500	0.500
<100	246	1.333	3	0.333	0.000	0.333	1.000
<100	247	1.000	2	0.500	0.000	0.500	0.500
<100	248	1.000	4	0.500	0.000	0.500	0.250
<100	250	0.400	10	0.000	0.000	0.000	0.200
<100	253	1.300	10	0.300	0.100	0.200	0.100
<100	256	0.500	4	0.000	0.000	0.000	0.000
<100	257	0.500	8	0.000	0.000	0.000	0.000
<100	258	0.000	1	0.000	0.000	0.000	0.000
<100	259	2.000	1	1.000	0.000	1.000	0.000
<100	262	1.000	2	0.000	0.000	0.000	1.000
<100	263	1.000	1	0.000	0.000	0.000	0.000
<100	265	1.000	1	1.000	1.000	0.000	0.000
<100	266	0.000	2	0.000	0.000	0.000	0.000
<100	267	1.000	1	0.000	0.000	0.000	1.000
<100	269	1.000	1	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	238	0.000	1.000	0.000	0.000	0	0.000
<100	239	0.000	0.250	0.000	0.000	0	0.000
<100	240	0.000	0.286	0.000	0.000	0	0.000
<100	241	0.000	0.000	0.000	0.000	0	0.000
<100	243	0.023	0.256	0.047	0.000	0	0.070
<100	244	0.000	0.375	0.125	0.000	0	0.125
<100	245	0.000	0.000	0.000	0.000	0	0.000
<100	246	0.000	0.000	0.000	0.000	0	0.000
<100	247	0.000	0.000	0.000	0.000	0	0.000
<100	248	0.000	0.250	0.000	0 000	0	0.000
<100	250	0.000	0.200	0.000	0.000	0	0.000
<100	253	0.100	0.500	0.200	0.000	0	0 100
<100	256	0.000	0.500	0.000	0.000	0	0.000
<100	257	0.125	0.375	0.000	0.000	0	0.000
<100	258	0.000	0.000	0.000	0.000	0	0.000
<100	259	0.000	1.000	0.000	0.000	0	0.000
<100	262	0.000	0.000	0.000	0.000	0	0.000
<100	263	0.000	1.000	0.000	0.000	0	0.000
<100	265	0.000	0.000	0.000	0.000	0	0.000
<100	266	0.000	0.000	0.000	0.000	0	0.000
<100	267	0.000	0.000	0.000	0.000	0	0.000
<100	269	0.000	1.000	0.000	0.000	0	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRC	EVENTS	CASES	DRG CHANGES	CHANCES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	271	0.857	7	0.286	0.286	0.000	0.000
<100	272	0.500	2	0.000	0.000	0.000	0.000
<100	274	0.500	2	0.500	0.500	0.000	0.000
<100	275	2.000	1	1.000	0.000	1.000	0.000
<100	277	0.381	21	0.048	0.048	0.000	0.095
<100	278	0.500	2	0.500	0.000	0.500	0.000
<100	280	1.273	11	0.364	0.000	0.364	0.545
<100	281	1.000	2	0.500	0.000	0.500	0.000
<100	283	1.000	3	0.333	0.000	0.333	0.667
<100	287	0.000	1	0.000	0.000	0.000	0.000
<100	290	0.000	1	0.000	0.000	0.000	0.000
<100	292	1.000	1	0.000	0.000	0.000	0.000
<100	294	0.764	55	0.127	0.036	0.091	0.327
<100	295	0.333	3	0.000	0.000	0.000	0.000
<100	296	0.918	73	0.288	0.233	0.055	0.082
<100	297	0.500	4	0.250	0.000	0.250	0.000
<100	300	1.000	2	0.500	0.500	0.000	0.500
<100	304	1.000	1	1.000	1.000	0.000	0.000
<100	306	1.000	7	1.000	1.000	0.000	0.000
<100	308	0.750	4	0.500	0.000	0.500	0.250
<100	310	1.000	3	0.333	0.000	0.333	0.000
<100	312	1.000	1	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	271	0.000	0.143	0.000	0.143	0	0.286
<100	272	0.000	0.500	0.000	0.000	0	0.000
<100	274	0.000	0.000	0.000	0.000	0	0.000
<100	275	0.000	0.000	0.000	0.000	0	1.000
<100	277	0.000	0.143	0.000	0.048	0	0.048
<100	278	0.000	0.000	0.000	0.000	0	0.000
<100	280	0.000	0.273	0.000	0.000	0	0.091
<100	281	0.000	0.500	0.000	0.000	0	0.000
<100	283	0.000	0.000	0.000	0.000	0	0.000
<100	287	0.000	0.000	0.000	0.000	0	0.000
<100	290	0.000	0.000	0.000	0.000	0	0.000
<100	292	0.000	1.000	0.000	0.000	0	0.000
<100	294	0.000	0.236	0.018	0.000	0	0.055
<100	295	0.000	0.333	0.000	0 000	0	0 000
<100	296	0.000	0.370	0.000	0.068	0	0.110
<100	297	0.000	0.250	0.000	0.000	0	0.000
<100	300	0.000	0.000	0.000	0.000	0	0.000
<100	304	0.000	0.000	0.000	0.000	0	0.000
<100	306	0.000	0.000	0.000	0.000	0	0.000
<100	308	0.000	0.000	0.000	0.000	0	0 000
<100	310	0.000	0.333	0 000	0 000	0	0.333
<100	312	0.000	1.000	0.000	0.000	0	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	315	2.000	1	1.000	0.000	1.000	0.000
<100	316	1.000	11	0.455	0.455	0.000	0.091
<100	318	1.000	1	1.000	1.000	0.000	0.000
<100	320	0.694	49	0.082	0.041	0.041	0.143
<100	321	0.500	2	0.500	0.000	0.500	0.000
<100	323	0.625	8	0.000	0.000	0.000	0.000
<100	324	0.667	3	0.333	0.000	0.333	0.333
<100	325	0.667	6	0.167	0.000	0.167	0.333
<100	328	0.000	1	0.000	0.000	0.000	0.000
<100	331	0.750	4	0.750	0.250	0.500	0.000
<100	336	0.400	15	0.133	0.133	0.000	0.000
<100	337	0.333	3	0.000	0.000	0.000	0.000
<100	338	0.000	1	0.000	0.000	0.000	0.000
<100	339	0.000	2	0.000	0.000	0.000	0.000
<100	346	0.200	5	0.000	0.000	0.000	0.200
<100	348	1.000	2	1.000	1.000	0.000	0.000
<100	350	0.250	4	0.000	0.000	0.000	0.000
<100	353	0.000	1	0.000	0.000	0.000	0.000
<100	354	0.800	5	0.000	0.000	0.000	0.000
<100	355	0.667	3	0.333	0.000	0.333	0.000
<100	356	0.333	3	0.000	0.000	0.000	0.000
<100	364	0.500	2	0.000	0.000	0.000	0.500

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISGHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
<100	315	0.000	1.000	0.000	0.000	0	0.000
<100	316	0.000	0.091	0.000	0.091	0	0.273
<100	318	0.000	0.000	0.000	0.000	0	0.000
<100	320	0.000	0.163	0.020	0.102	0	0.184
<100	321	0.000	0.000	0.000	0.000	0	0.000
<100	323	0.000	0.250	0.125	0.000	0	0.250
<100	324	0.000	0.000	0.000	0.000	0	0.000
<100	325	0.000	0.000	0.000	0.000	0	0.167
<100	328	0.000	0.000	0.000	0.000	0	0.000
<100	331	0.000	0.000	0.000	0.000	0	0.000
<100	336	0.000	0.267	0.000	0.000	0	0.000
<100	337	0.000	0.333	0.000	0.000	0	0.000
<100	338	0.000	0.000	0.000	0.000	0	0.000
<100	339	0.000	0.000	0.000	0.000	0	0.000
<100	346	0.000	0.000	0.000	0.000	0	0.000
<100	348	0.000	0.000	0.000	0.000	0	0.000
<100	350	0.000	0.250	0.000	0.000	0	0.000
<100	353	0.000	0.000	0.000	0.000	0	0.000
<100	354	0.000	0.800	0.000	0.000	0	0.000
<100	355	0.333	0.000	0.000	0.000	0	0.000
<100	356	0.000	0.333	0.000	0.000	0	0.000
<100	364	0.000	0.000	0.000	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE GLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	GASES	DRG GHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	366	1.000	1	1.000	1.000	0.000	0.000
<100	368	1.000	1	0.000	0.000	0.000	1.000
<100	369	1.000	1	0.000	0.000	0.000	1.000
<100	395	0.636	11	0.182	0.091	0.091	0.091
<100	403	0.750	4	0.750	0.750	0.000	0.000
<100	410	0.000	1	0.000	0.000	0.000	0.000
<100	413	1.667	3	1.000	0.000	1.000	0.000
<100	414	0.000	1	0.000	0.000	0.000	0.000
<100	416	1.077	13	0.538	0.462	0.077	0.000
<100	418	0.500	2	0.500	0.500	0.000	0.000
<100	419	0.600	5	0.400	0.400	0.000	0.000
<100	420	0.500	2	0.000	0.000	0.000	0.000
<100	421	1.000	9	0.222	0.000	0.222	0.333
<100	423	2.000	1	1.000	1.000	0.000	0.000
<100	425	1.143	7	0.000	0.000	0.000	0.857
<100	426	1.000	6	0.500	0.333	0.167	0.333
<100	429	1.167	12	0.167	0.167	0.000	0.417
<100	430	0.636	11	0.273	0.182	0.091	0.091
<100	433	1.000	3	0.000	0.000	0.000	0.333
<100	434	2.000	1	0.000	0.000	0.000	0.000
<100	436	0.600	5	0.200	0.200	0.000	0.200
<100	438	1.000	7	0.429	0.000	0.429	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISGHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
<100	366	0.000	0.000	0.000	0.000	0	0.000
<100	368	0.000	0.000	0.000	0.000	0	0.000
<100	369	0.000	0.000	0.000	0.000	0	0.000
<100	395	0.000	0.182	0.000	0.000	0	0.182
<100	403	0.000	0.000	0.000	0.000	0	0.000
<100	410	0.000	0.000	0.000	0.000	0	0.000
<100	413	0.000	0.333	0.000	0.333	0	0.000
<100	414	0.000	0.000	0.000	0.000	0	0.000
<100	416	0.000	0.308	0.000	0.000	0	0.231
<100	418	0.000	0.000	0.000	0.000	0	0.000
<100	419	0.000	0.200	0.000	0.000	0	0.000
<100	420	0.000	0.500	0.000	0.000	0	0.000
<100	421	0.000	0.333	0.000	0.000	0	0.111
<100	423	0.000	1.000	0.000	0.000	0	0.000
<100	425	0.000	0.000	0.000	0.000	0	0.286
<100	426	0.000	0.000	0.000	0.000	0	0.167
<100	429	0.000	0.417	0.083	0.000	0	0.083
<100	430	0.000	0.091	0.000	0.000	0	0.182
<100	433	0.000	0.667	0.000	0.000	0	0.000
<100	434	0.000	0.000	0.000	1.000	0	1.000
<100	436	0.000	0.200	0.000	0.000	0	0.000
<100	438	0.000	0.143	0.000	0.143	0	0.286

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRC AND BEDSIZE CLASS
UNWEIGHTED DATA

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<100	439	0.000	1	0.000	0.000	0.000	0.000
<100	442	0.250	4	0.000	0.000	0.000	0.250
<100	443	1.000	1	0.000	0.000	0.000	0.000
<100	444	0.500	2	0.000	0.000	0.000	0.500
<100	447	1.000	2	0.500	0.000	0.500	0.500
<100	449	0.917	12	0.500	0.167	0.333	0.167
<100	450	1.000	2	0.500	0.000	0.500	0.000
<100	452	1.000	1	1.000	0.000	1.000	0.000
<100	453	2.000	1	0.000	0.000	0.000	0.000
<100	454	0.000	3	0.000	0.000	0.000	0.000
<100	460	1.000	1	0.000	0.000	0.000	0.000
<100	463	1.500	10	0.800	0.100	0.700	0.100
<100	464	1.333	3	0.333	0.333	0.000	0.333
<100	466	1.000	1	0.000	0.000	0.000	1.000
<100	468	1.111	9	0.556	0.444	0.111	0.222
100-299	1	0.333	3	0.000	0.000	0.000	0.000
100-299	4	1.000	1	0.000	0.000	0.000	0.000
100-299	5	0.545	11	0.000	0.000	0.000	0.000
100-299	7	1.000	1	0.000	0.000	0.000	0.000
100-299	9	0.000	1	0.000	0.000	0.000	0.000
100-299	10	0.571	7	0.000	0.000	0.000	0.143
100-299	12	1.125	8	0.625	0.500	0.125	0.250

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	439	0.000	0.000	0.000	0	0	0.000
<100	442	0.000	0 000	0.000	0	0	0.000
<100	443	0.000	1.000	0.000	0	0	0.000
<100	444	0.000	0.000	0.000	0	0	0.000
<100	447	0.000	0.000	0.000	0	0	0.000
<100	449	0.000	0.083	0.000	0	0	0.167
<100	450	0.000	0.500	0.000	0	0	0.000
<100	452	0.000	0.000	0.000	0	0	0.000
<100	453	0.000	1.000	0.000	0	0	1.000
<100	454	0.000	0.000	0.000	0	0	0.000
<100	460	0.000	1.000	0.000	0	0	0.000
<100	463	0.000	0.600	0.000	0	0	0.000
<100	464	0.000	0.333	0.000	0	0	0.333
<100	466	0.000	0.000	0.000	0	0	0.000
<100	468	0.000	0.333	0.000	0	0	0.000
100-299	1	0.333	0.000	0.000	0	0	0.000
100-299	4	1.000	0.000	0.000	0	0	0.000
100-299	5	0.182	0.273	0.091	0	0	0.000
100-299	7	0.000	1.000	0.000	0	0	0.000
100-299	9	0.000	0.000	0.000	0	0	0.000
100-299	10	0.000	0.429	0.000	0	0	0 000
100-299	12	0.000	0.250	0.000	0	0	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRC AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRC CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	13	1.000	2	0.000	0.000	0.000	0.000
100-299	14	0.493	67	0.134	0.134	0.000	0 075
100-299	15	0.760	50	0.160	0.040	0.120	0.100
100-299	16	1.333	6	0.667	0.167	0.500	0.000
100-299	17	1.000	3	0.667	0.333	0.333	0.333
100-299	18	0.833	6	0.167	0.167	0.000	0.000
100-299	20	1.000	1	0.000	0.000	0.000	0.000
100-299	22	1.000	4	0.250	0.250	0.000	0.250
100-299	23	0.000	1	0.000	0.000	0.000	0.000
100-299	24	1.000	15	0.133	0.067	0.067	0.200
100-299	25	1.000	4	0.250	0.000	0.250	0.000
100-299	27	1.000	1	1.000	1.000	0.000	0.000
100-299	28	0.000	5	0.000	0.000	0.000	0.000
100-299	31	0.500	2	0.000	0.000	0 000	0 000
100-299	34	1.000	1	0.000	0.000	0.000	0.000
100-299	36	0.000	1	0.000	0.000	0.000	0.000
100-299	39	0.839	31	0.000	0.000	0.000	0.806
100-299	40	1.000	1	0.000	0.000	0 000	0.000
100-299	42	1.000	1	0.000	0.000	0.000	0.000
100-299	45	1.000	1	0.000	0.000	0.000	1.000
100-299	47	1.000	1	0.000	0.000	0.000	1.000
100-299	50	0.000	1	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	13	0.000	1.000	0	0.000	0.000	0.000
100-299	14	0.000	0.209	0	0.000	0.000	0.075
100-299	15	0.020	0.400	0	0.000	0.000	0.080
100-299	16	0.000	0 667	0	0.000	0.000	0 000
100-299	17	0.000	0 000	0	0.000	0.000	0.000
100-299	18	0.000	0.667	0	0.000	0.000	0.000
100-299	20	0.000	1.000	0	0.000	0.000	0.000
100-299	22	0.000	0.500	0	0.000	0.000	0.000
100-299	23	0.000	0.000	0	0.000	0.000	0.000
100-299	24	0.000	0.467	0	0.000	0.000	0.200
100-299	25	0.000	0.750	0	0.000	0.000	0.000
100-299	27	0.000	0.000	0	0.000	0.000	0.000
100-299	28	0.000	0.000	0	0.000	0.000	0.000
100-299	31	0.000	0.500	0	0.000	0 000	0.000
100-299	34	0.000	1.000	0	0.000	0.000	0.000
100-299	36	0.000	0.000	0	0.000	0.000	0 000
100-299	39	0.000	0.032	0	0.000	0.000	0.000
100-299	40	0.000	1.000	0	0.000	0.000	0.000
100-299	42	0.000	1.000	0	0.000	0.000	0 000
100-299	45	0.000	0.000	0	0.000	0.000	0 000
100-299	47	0.000	0.000	0	0 000	0.000	0 000
100-299	50	0.000	0.000	0	0 000	0 000	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	51	0.000	1	0.000	0.000	0.000	0.000
100-299	53	0.250	4	0.250	0.000	0.250	0.000
100-299	55	0.000	3	0.000	0.000	0.000	0.000
100-299	56	0.333	3	0.333	0.000	0.333	0.000
100-299	63	1.000	1	0.000	0.000	0.000	0.000
100-299	64	1.000	2	0.000	0.000	0.000	0.500
100-299	65	0.818	11	0.000	0.000	0.000	0.364
100-299	66	0.500	4	0 250	0.000	0.250	0.000
100-299	68	0 857	7	0.143	0.000	0.143	0 286
100-299	69	0.500	4	0.250	0.000	0.250	0.000
100-299	73	0.750	4	0.000	0.000	0.000	0.500
100-299	75	0.625	8	0.125	0.125	0.000	0.000
100-299	76	0.500	4	0.250	0.250	0.000	0.000
100-299	77	2.000	1	1.000	1.000	0.000	1.000
100-299	78	0.308	13	0.077	0.077	0 000	0.000
100-299	79	0.667	21	0 190	0.190	0.000	0.000
100-299	82	0.583	24	0.167	0.125	0.042	0.167
100-299	83	1.000	1	0.000	0.000	0.000	1.000
100-299	85	0.571	7	0.429	0.429	0.000	0.000
100-299	87	0.679	28	0.464	0.464	0.000	0.000
100-299	88	0.543	35	0.229	0.171	0.057	0.086
100-299	89	0.604	91	0.143	0.110	0.033	0.044

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	51	0.000	0.000	0.000	0.000	0.000	0.000
100-299	53	0.000	0.000	0.000	0.000	0.000	0.000
100-299	55	0.000	0.000	0.000	0.000	0.000	0.000
100-299	56	0.000	0.000	0.000	0.000	0.000	0.000
100-299	63	0.000	1.000	0.000	0.000	0.000	0.000
100-299	64	0.000	0.500	0.000	0.000	0.000	0 000
100-299	65	0.000	0 455	0.000	0.000	0.000	0.000
100-299	66	0.000	0.250	0.000	0.000	0.000	0.000
100-299	68	0.000	0 429	0.000	0.000	0.000	0.000
100-299	69	0.000	0.250	0.000	0.000	0.000	0.000
100-299	73	0.000	0.250	0.000	0.000	0.000	0.000
100-299	75	0.250	0.250	0.000	0.000	0.000	0.000
100-299	76	0.000	0.000	0.000	0.000	0.000	0.250
100-299	77	0.000	0.000	0.000	0.000	0.000	0.000
100-299	78	0.000	0 231	0.000	0.000	0.000	0.000
100-299	79	0.000	0.333	0.000	0.000	0.000	0.143
100-299	82	0.083	0.167	0.000	0.000	0.000	0.000
100-299	83	0.000	0.000	0.000	0 000	0.000	0 000
100-299	85	0.000	0.143	0.000	0.000	0.000	0 000
100-299	87	0.000	0 143	0.000	0.000	0.000	0 071
100-299	88	0.000	0.171	0.000	0 029	0.000	0.029
100-299	89	0.000	0.297	0.000	0.022	0.011	0.088

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	90	0.857	7	0.286	0.143	0.143	0.143
100-299	92	1.000	5	0.600	0.200	0.400	0.200
100-299	94	0.000	2	0.000	0.000	0 000	0.000
100-299	96	0.518	56	0 089	0.071	0.018	0 089
100-299	97	0.667	6	0.167	0.000	0.167	0.000
100-299	99	1.154	13	0.615	0.231	0.385	0.000
100-299	100	0.667	3	0.333	0.000	0.333	0.000
100-299	101	1.250	4	0.750	0.250	0 500	0.000
100-299	102	0.000	1	0.000	0.000	0.000	0.000
100-299	107	1.000	2	0.500	0.000	0.500	0.000
100-299	110	0.583	12	0.250	0.250	0.000	0.000
100-299	111	1.000	1	0.000	0.000	0.000	0.000
100-299	112	0.000	2	0.000	0.000	0.000	0 000
100-299	113	0.667	3	0.000	0.000	0.000	0.000
100-299	115	0.000	1	0 000	0.000	0.000	0.000
100-299	116	0.571	7	0.000	0 000	0.000	0.000
100-299	117	0.333	3	0.000	0.000	0.000	0 000
100-299	118	0.500	2	0 000	0 000	0.000	0 000
100-299	120	1.000	4	0.250	0.250	0.000	0 000
100-299	121	0.304	23	0.130	0.130	0.000	0.000
100-299	122	0.278	36	0.139	0.083	0 056	0.000
100-299	123	0.450	20	0.100	0.100	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	90	0.000	0.429	0 000	0.000	0.000	0.000
100-299	92	0.000	0.200	0.000	0.000	0.000	0.000
100-299	94	0.000	0.000	0.000	0.000	0.000	0.000
100-299	96	0.000	0.286	0.000	0.000	0.000	0.054
100-299	97	0.000	0.500	0.000	0.000	0.000	0.000
100-299	99	0.000	0.462	0.000	0.000	0.000	0.077
100-299	100	0.000	0.333	0.000	0.000	0.000	0.000
100-299	101	0.000	0.500	0 000	0.000	0.000	0.000
100-299	102	0.000	0.000	0 000	0.000	0.000	0.000
100-299	107	0.000	0.500	0.000	0.000	0.000	0.000
100-299	110	0.000	0.333	0.000	0.000	0.000	0.000
100-299	111	1.000	0.000	0.000	0.000	0.000	0.000
100-299	112	0.000	0.000	0.000	0.000	0 000	0.000
100-299	113	0.000	0 667	0.000	0.000	0.000	0.000
100-299	115	0.000	0.000	0 000	0 000	0.000	0.000
100-299	116	0.000	0.571	0 000	0.000	0.000	0.000
100-299	117	0.000	0.333	0.000	0 000	0.000	0 000
100-299	118	0.000	0 500	0 000	0.000	0.000	0.000
100-299	120	0.000	0 750	0.000	0.000	0.000	0 000
100-299	121	0.000	0 130	0 000	0.000	0.000	0.043
100-299	122	0.000	0.139	0 000	0 000	0.000	0.000
100-299	123	0.000	0 000	0 000	0 000	0.000	0 350

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE GLASS
UNWEIGHTED DATA

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	124	0.667	3	0.667	0.333	0.333	0.000
100-299	125	0.250	8	0.000	0.000	0.000	0.000
100-299	127	0.562	137	0.117	0.058	0.058	0.044
100-299	128	0.538	13	0.077	0.000	0.077	0.000
100-299	129	0.500	6	0.500	0.500	0.000	0.000
100-299	130	0.731	26	0.231	0.231	0.000	0.115
100-299	131	0.500	6	0.167	0.167	0.000	0.167
100-299	132	1.500	12	0.833	0.417	0.417	0.167
100-299	134	0.833	12	0.167	0.083	0.083	0.250
100-299	135	2.000	1	0.000	0.000	0.000	0.000
100-299	136	1.000	1	0.000	0.000	0.000	0.000
100-299	138	0.403	67	0.119	0.075	0.045	0.000
100-299	139	0.286	7	0.143	0.000	0.143	0.000
100-299	140	0.547	95	0.189	0.116	0.074	0.021
100-299	141	0.714	28	0.179	0.000	0 179	0.036
100-299	142	0.667	3	0.333	0.000	0.333	0.000
100-299	143	0.526	19	0.211	0.000	0.211	0.000
100-299	144	0.500	14	0.286	0.286	0.000	0.071
100-299	145	1.000	4	1.000	0.500	0.500	0.000
100-299	146	0.333	3	0.000	0.000	0.000	0.000
100-299	148	0.267	15	0.000	0.000	0.000	0.000
100-299	149	1.000	1	0.000	0.000	0.000	0.000

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	124	0.000	0.000	0.000	0.000	0.000	0.000
100-299	125	0.125	0.125	0.000	0.000	0.000	0.000
100-299	127	0.000	0.314	0.000	0.007	0.007	0.073
100-299	128	0.000	0.308	0.000	0.077	0.000	0.077
100-299	129	0.000	0.000	0.000	0.000	0.000	0.000
100-299	130	0.000	0.269	0.038	0.000	0.000	0.077
100-299	131	0.167	0.000	0.000	0.000	0.000	0.000
100-299	132	0.000	0.333	0.083	0.000	0.000	0.083
100-299	134	0.000	0.333	0.000	0.000	0.000	0.083
100-299	135	0.000	0.000	0.000	1.000	0.000	1.000
100-299	136	0.000	1.000	0.000	0.000	0.000	0.000
100-299	138	0.000	0.239	0.000	0.000	0.000	0.045
100-299	139	0.000	0.143	0.000	0.000	0.000	0.000
100-299	140	0.000	0.274	0.011	0.011	0.011	0.032
100-299	141	0.000	0.393	0.000	0.036	0.000	0.071
100-299	142	0.000	0.333	0.000	0.000	0.000	0.000
100-299	143	0.000	0.316	0.000	0.000	0.000	0.000
100-299	144	0.000	0.071	0.000	0.000	0.000	0.071
100-299	145	0.000	0.000	0.000	0.000	0.000	0.000
100-299	146	0.000	0.333	0.000	0.000	0.000	0.000
100-299	148	0.000	0.267	0.000	0.000	0.000	0.000
100-299	149	0.000	1.000	0.000	0.000	0.000	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE GLASS
UNWEIGHTED DATA

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	150	0.000	4	0.000	0.000	0.000	0.000
100-299	152	2.000	3	0.667	0.667	0.000	0.000
100-299	154	1.200	15	0.467	0.467	0.000	0.067
100-299	155	0.500	2	0.000	0.000	0.000	0.000
100-299	157	0.556	9	0.111	0.000	0.111	0.444
100-299	158	0.500	4	0.000	0.000	0.000	0.000
100-299	159	0.600	5	0.000	0.000	0.000	0.000
100-299	160	0.500	2	0.000	0.000	0.000	0.000
100-299	161	0.440	25	0.040	0.000	0.040	0.040
100-299	162	0.750	4	0.500	0.000	0.500	0.000
100-299	164	0.000	2	0.000	0.000	0.000	0.000
100-299	167	1.000	2	0.500	0.500	0.000	0.000
100-299	168	1.000	1	1.000	1.000	0.000	0.000
100-299	170	0.500	6	0.167	0.167	0.000	0.000
100-299	172	0.778	9	0.222	0.222	0.000	0.000
100-299	173	1.000	1	0.000	0.000	0.000	1.000
100-299	174	0.756	41	0.195	0.146	0.049	0.122
100-299	175	1.125	8	0.625	0.125	0.500	0.250
100-299	176	0.500	2	0.000	0.000	0.000	0.500
100-299	177	0.667	6	0.333	0.000	0.333	0.333
100-299	178	1.000	1	0.000	0.000	0.000	1.000
100-299	179	1.500	2	0.500	0.500	0.000	0.500

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISGHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	150	0.000	0.000	0	0.000	0.000	0.000
100-299	152	0.333	0.667	0	0.000	0.000	0.333
100-299	154	0.067	0.467	0	0.000	0.133	0.000
100-299	155	0.500	0.000	0	0.000	0.000	0.000
100-299	157	0.000	0.000	0	0.000	0.000	0.000
100-299	158	0.250	0.250	0	0.000	0.000	0.000
100-299	159	0.000	0.600	0	0.000	0.000	0.000
100-299	160	0.000	0.500	0	0.000	0.000	0.000
100-299	161	0.000	0.360	0	0.000	0.000	0.000
100-299	162	0.000	0.250	0	0.000	0.000	0.000
100-299	164	0.000	0.000	0	0.000	0.000	0.000
100-299	167	0.000	0.500	0	0.000	0.000	0.000
100-299	168	0.000	0.000	0	0.000	0.000	0.000
100-299	170	0.000	0.167	0	0.000	0.000	0.167
100-299	172	0.000	0.444	0	0.000	0.000	0.111
100-299	173	0.000	0.000	0	0.000	0.000	0.000
100-299	174	0.000	0.293	0	0.024	0.000	0.122
100-299	175	0.000	0.250	0	0.000	0.000	0.000
100-299	176	0.000	0.000	0	0.000	0.000	0.000
100-299	177	0.000	0.000	0	0.000	0.000	0 000
100-299	178	0.000	0.000	0	0.000	0.000	0.000
100-299	179	0.000	0.500	0	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

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100-299	180	0.870	23	0.217	0.217	0.000	0.261
100-299	181	0.400	5	0.200	0.000	0.200	0.200
100-299	182	0.714	70	0.171	0.029	0.143	0.171
100-299	183	0.750	12	0.083	0.000	0.083	0.500
100-299	184	1.000	1	0.000	0.000	0.000	0.000
100-299	187	0.000	1	0.000	0.000	0.000	0.000
100-299	188	0.818	11	0.364	0.182	0.182	0.091
100-299	189	2.000	2	1.000	0.000	1.000	0.500
100-299	193	0.333	3	0.333	0.333	0.000	0.000
100-299	194	1.000	1	0.000	0.000	0.000	0.000
100-299	195	0.200	5	0.200	0.200	0.000	0.000
100-299	197	0.294	17	0.176	0.118	0.059	0.000
100-299	198	0.375	8	0.000	0.000	0.000	0.000
100-299	199	1.500	2	0.500	0.500	0.000	0.000
100-299	202	0.750	4	0.500	0.500	0.000	0.000
100-299	203	0.000	5	0.000	0.000	0.000	0.000
100-299	204	0.250	8	0.000	0.000	0.000	0.000
100-299	205	0.875	8	0.250	0.000	0.250	0.250
100-299	207	1.000	9	0.333	0.222	0.111	0.111
100-299	208	3.000	1	1.000	1.000	0.000	0.000
100-299	209	0.714	28	0.000	0.000	0.000	0.000
100-299	210	0.568	37	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	180	0.000	0.174	0	0.043	0.000	0.174
100-299	181	0.000	0 000	0	0.000	0.000	0.000
100-299	182	0.014	0 300	0	0.000	0.000	0.057
100-299	183	0.000	0.167	0	0.000	0.000	0.000
100-299	184	0.000	1.000	0	0.000	0.000	0.000
100-299	187	0.000	0.000	0	0.000	0.000	0.000
100-299	188	0.000	0.364	0	0 000	0.000	0.000
100-299	189	0.000	0.000	0	0 000	0.000	0.500
100-299	193	0.000	0 000	0	0.000	0.000	0.000
100-299	194	0.000	1.000	0	0.000	0.000	0.000
100-299	195	0.000	0.000	0	0.000	0.000	0.000
100-299	197	0.059	0.059	0	0.000	0.000	0.000
100-299	198	0.125	0.250	0	0.000	0.000	0.000
100-299	199	0.000	1.000	0	0.000	0.000	0.000
100-299	202	0.000	0.250	0	0.000	0.000	0.000
100-299	203	0.000	0.000	0	0.000	0.000	0.000
100-299	204	0.000	0.125	0	0.000	0.000	0.125
100-299	205	0.000	0.375	0	0.000	0.000	0.000
100-299	207	0.000	0.444	0	0.000	0.000	0.111
100-299	208	0.000	1 000	0	0.000	0.000	1.000
100-299	209	0.071	0.607	0	0.000	0.000	0 036
100-299	210	0.027	0.486	0	0.000	0.054	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	213	0.000	1	0.000	0.000	0.000	0.000
100-299	214	1.125	8	0.250	0.000	0.250	0.000
100-299	215	1.000	1	1.000	0.000	1.000	0.000
100-299	217	0.000	2	0.000	0.000	0.000	0.000
100-299	218	0.750	8	0.000	0.000	0.000	0.000
100-299	219	0.667	3	0.333	0.333	0.000	0.000
100-299	221	0.000	3	0.000	0.000	0.000	0.000
100-299	222	0.000	1	0.000	0.000	0.000	0.000
100-299	223	0.500	2	0.000	0.000	0.000	0.000
100-299	224	1.000	1	0.000	0.000	0.000	0.000
100-299	225	0.800	5	0.000	0.000	0.000	0.000
100-299	226	1.000	1	1.000	1.000	0.000	0.000
100-299	230	0.500	2	0.000	0.000	0.000	0.500
100-299	231	1.250	4	0.250	0.250	0.000	0.500
100-299	233	1.000	1	0.000	0.000	0.000	1.000
100-299	235	0.000	1	0.000	0.000	0.000	0.000
100-299	236	0.727	11	0.091	0.091	0.000	0.000
100-299	237	0.500	2	0 000	0.000	0.000	0.000
100-299	239	0.857	21	0.333	0.238	0.095	0.238
100-299	240	1.500	2	0.500	0.500	0.000	1.000
100-299	241	2.000	1	1.000	0.000	1.000	1.000
100-299	242	2.000	1	1.000	1.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	213	0.000	0.000	0	0.000	0	0.000
100-299	214	0.125	0.750	0	0.000	0	0.000
100-299	215	0.000	0.000	0	0.000	0	0.000
100-299	217	0.000	0.000	0	0.000	0	0.000
100-299	218	0.000	0.750	0	0.000	0	0.000
100-299	219	0.000	0.333	0	0.000	0	0.000
100-299	221	0 000	0.000	0	0.000	0	0.000
100-299	222	0.000	0.000	0	0.000	0	0.000
100-299	223	0.000	0.500	0	0.000	0	0.000
100-299	224	0.000	1.000	0	0.000	0	0.000
100-299	225	0.000	0.800	0	0.000	0	0.000
100-299	226	0.000	0.000	0	0.000	0	0.000
100-299	230	0.000	0.000	0	0.000	0	0.000
100-299	231	0.000	0.500	0	0.000	0	0.000
100-299	233	0.000	0.000	0	0.000	0	0.000
100-299	235	0.000	0.000	0	0.000	0	0.000
100-299	236	0.000	0.455	0	0.091	0	0.091
100-299	237	0.000	0.500	0	0.000	0	0.000
100-299	239	0.048	0 190	0	0.000	0	0.048
100-299	240	0 000	0 000	0	0.000	0	0.000
100-299	241	0 000	0 000	0	0.000	0	0 000
100-299	242	0 000	1 000	0	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY F1 DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	243	1.000	30	0.133	0.033	0.100	0.200
100-299	244	1.286	7	0.286	0.143	0.143	0.714
100-299	246	1.500	2	0.500	0.000	0.500	0.500
100-299	247	1.000	3	0.000	0.000	0.000	0.667
100-299	248	1.250	4	0.250	0.000	0.250	0.500
100-299	250	0.333	3	0.000	0.000	0.000	0.000
100-299	251	1.000	1	0.000	0.000	0.000	0.000
100-299	253	1.000	6	0.167	0.000	0.167	0.000
100-299	254	0.500	2	0.000	0.000	0.000	0.000
100-299	256	0.667	3	0.000	0.000	0.000	0.667
100-299	257	0.200	10	0.000	0.000	0.000	0.000
100-299	259	0.000	1	0.000	0.000	0.000	0.000
100-299	261	0.000	1	0.000	0.000	0.000	0.000
100-299	262	0.500	4	0.250	0.000	0.250	0.250
100-299	263	1.000	1	0.000	0.000	0.000	0.000
100-299	264	1.000	1	1.000	0.000	1.000	0.000
100-299	266	0.500	2	0.000	0.000	0.000	0.500
100-299	268	1.000	1	0.000	0.000	0.000	1.000
100-299	269	0.667	3	0.333	0.000	0.333	0.000
100-299	270	1.000	1	0.000	0.000	0.000	1.000
100-299	271	1.429	7	0.714	0.571	0.143	0.286
100-299	272	0.250	4	0.250	0.250	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	243	0.000	0.567	0	0.033	0.000	0.067
100-299	244	0.000	0.286	0	0.000	0.000	0.000
100-299	246	0.000	0.500	0	0.000	0.000	0.000
100-299	247	0.000	0.000	0	0.000	0.000	0.333
100-299	248	0.000	0.500	0	0.000	0.000	0.000
100-299	250	0.000	0.333	0	0.000	0.000	0.000
100-299	251	0.000	1.000	0	0.000	0.000	0.000
100-299	253	0.000	0.333	0	0.167	0.000	0.333
100-299	254	0.000	0.500	0	0.000	0.000	0.000
100-299	256	0.000	0.000	0	0.000	0.000	0.000
100-299	257	0.100	0.100	0	0.000	0.000	0.000
100-299	259	0.000	0.000	0	0.000	0.000	0.000
100-299	261	0.000	0.000	0	0.000	0.000	0.000
100-299	262	0.000	0.000	0	0.000	0.000	0.000
100-299	263	0.000	1.000	0	0.000	0.000	0.000
100-299	264	0.000	0.000	0	0.000	0.000	0.000
100-299	266	0.000	0.000	0	0.000	0.000	0.000
100-299	268	0.000	0.000	0	0.000	0.000	0.000
100-299	269	0.000	0.333	0	0.000	0.000	0.000
100-299	270	0.000	0.000	0	0.000	0.000	0.000
100-299	271	0.000	0.429	0	0.000	0 000	0.000
100-299	272	0.000	0.000	0	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	277	0.615	13	0.231	0.154	0.077	0.000
100-299	280	1.143	7	0.286	0.000	0.286	0.143
100-299	281	0.200	5	0.000	0.000	0.000	0.000
100-299	283	0.500	2	0.000	0.000	0.000	0.000
100-299	285	0.750	4	0.000	0.000	0.000	0.000
100-299	286	0.000	1	0.000	0.000	0.000	0.000
100-299	287	1.000	2	0.500	0.500	0.000	0.000
100-299	289	2.000	1	1.000	0.000	1.000	0.000
100-299	290	0.667	6	0.000	0.000	0.000	0.000
100-299	294	0.767	43	0.209	0.116	0.093	0.163
100-299	295	0.500	2	0.000	0.000	0.000	0.000
100-299	296	0.643	56	0.161	0.125	0.036	0.071
100-299	297	1.000	4	0.500	0.250	0.250	0.000
100-299	300	0.667	3	0.333	0.333	0.000	0.333
100-299	303	0.500	2	0.000	0.000	0.000	0.000
100-299	304	0.600	5	0.200	0.200	0.000	0.200
100-299	306	0.400	5	0.200	0.200	0.000	0.200
100-299	307	0.000	1	0.000	0.000	0.000	0.000
100-299	308	0.250	4	0.000	0.000	0.000	0.000
100-299	309	0.000	1	0.000	0.000	0.000	0.000
100-299	310	0.333	12	0.083	0.000	0.083	0.083
100-299	312	0.000	2	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
100-299	277	0.000	0.231	0	0.077	0 000	0.077
100-299	280	0.000	0.571	0	0.000	0.000	0.143
100-299	281	0.000	0.200	0	0.000	0.000	0.000
100-299	283	0.000	0.500	0	0.000	0.000	0.000
100-299	285	0.000	0 500	0	0.000	0.000	0.250
100-299	286	0.000	0.000	0	0.000	0.000	0.000
100-299	287	0.000	0.500	0	0.000	0.000	0.000
100-299	289	0.000	1.000	0	0.000	0.000	0.000
100-299	290	0.000	0.667	0	0.000	0.000	0.000
100-299	294	0.000	0.349	0	0.000	0.000	0.047
100-299	295	0.000	0.500	0	0.000	0.000	0.000
100-299	296	0.000	0.321	0	0.000	0.018	0.071
100-299	297	0.000	0.000	0	0.250	0.000	0.250
100-299	300	0.000	0.000	0	0.000	0.000	0.000
100-299	303	0.000	0.500	0	0.000	0.000	0 000
100-299	304	0.000	0.200	0	0.000	0 000	0.000
100-299	306	0.000	0.000	0	0.000	0.000	0.000
100-299	307	0.000	0 000	0	0.000	0.000	0.000
100-299	308	0.000	0.250	0	0.000	0.000	0.000
100-299	309	0 000	0.000	0	0.000	0.000	0.000
100-299	310	0.083	0.083	0	0.000	0.000	0.000
100-299	312	0 000	0 000	0	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	313	1.000	1	0.000	0.000	0.000	1.000
100-299	315	0.400	5	0.200	0.200	0.000	0.000
100-299	316	0.583	12	0.250	0.167	0.083	0.000
100-299	318	1.167	6	0.667	0.500	0.167	0.167
100-299	320	0.639	36	0.194	0.111	0.083	0.111
100-299	321	0.667	3	0.000	0.000	0.000	0.667
100-299	323	1.000	5	0.200	0.000	0.200	0.400
100-299	324	0.167	6	0.000	0.000	0.000	0.167
100-299	325	0.333	6	0.000	0.000	0.000	0.000
100-299	326	1.000	1	0.000	0.000	0.000	1.000
100-299	328	1.000	2	0.500	0.000	0.500	0.000
100-299	331	1.000	6	0.333	0.167	0.167	0.167
100-299	334	0.667	3	0.333	0.333	0.000	0.000
100-299	336	0.538	39	0.026	0.000	0.026	0.026
100-299	337	0.429	7	0.286	0.000	0.286	0.000
100-299	338	0.333	3	0.000	0.000	0.000	0.000
100-299	339	0.333	3	0.000	0.000	0.000	0.333
100-299	341	1.000	1	0.000	0.000	0.000	0.000
100-299	346	1.000	1	1.000	1.000	0.000	0.000
100-299	348	0.750	4	0.000	0.000	0.000	0.750
100-299	349	1.000	3	0.667	0.000	0.667	0.333
100-299	350	1.000	3	0.333	0.333	0.000	0.333

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	313	0.000	0.000	0	0.000	0	0.000
100-299	315	0.000	0.200	0	0.000	0	0.000
100-299	316	0.083	0.167	0	0.000	0	0.083
100-299	318	0.000	0.333	0	0.000	0	0.000
100-299	320	0.000	0.250	0	0.028	0	0.056
100-299	321	0.000	0.000	0	0.000	0	0.000
100-299	323	0.000	0.200	0	0.000	0	0.200
100-299	324	0.000	0.000	0	0.000	0	0.000
100-299	325	0.000	0.333	0	0.000	0	0.000
100-299	326	0.000	0.000	0	0.000	0	0.000
100-299	328	0.000	0.000	0	0.000	0	0.500
100-299	331	0.000	0.500	0	0.000	0	0.000
100-299	334	0.000	0.333	0	0.000	0	0.000
100-299	336	0.154	0.308	0	0.000	0	0.026
100-299	337	0.000	0.143	0	0.000	0	0.000
100-299	338	0.000	0.333	0	0.000	0	0.000
100-299	339	0.000	0.000	0	0.000	0	0.000
100-299	341	0.000	1.000	0	0.000	0	0.000
100-299	346	0.000	0.000	0	0.000	0	0.000
100-299	348	0.000	0.000	0	0.000	0	0.000
100-299	349	0.000	0.000	0	0.000	0	0.000
100-299	350	0.333	0.000	0	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	354	0.833	6	0.167	0.167	0.000	0.000
100-299	355	0.500	2	0.000	0.000	0.000	0.000
100-299	356	0.429	7	0.000	0.000	0.000	0.000
100-299	357	0.000	1	0.000	0.000	0.000	0.000
100-299	358	0.500	2	0.000	0.000	0.000	0.000
100-299	360	0.000	2	0.000	0.000	0.000	0.000
100-299	363	0.000	2	0.000	0.000	0.000	0.000
100-299	364	0.000	1	0.000	0.000	0.000	0.000
100-299	368	3.000	1	1.000	1.000	0.000	1.000
100-299	369	1.500	2	0.500	0.000	0.500	0.000
100-299	389	2.000	1	1.000	0.000	1.000	1.000
100-299	392	1.000	3	0.333	0.000	0.333	0.000
100-299	395	0.621	29	0.172	0.034	0.138	0.172
100-299	397	0.000	3	0.000	0.000	0.000	0.000
100-299	398	0.000	4	0.000	0.000	0.000	0.000
100-299	401	2.000	1	0.000	0.000	0.000	1.000
100-299	403	1.000	10	0.200	0.200	0.000	0.200
100-299	404	0.667	3	0.667	0.667	0.000	0.000
100-299	406	2.000	1	1.000	1.000	0.000	0.000
100-299	409	1.000	1	0.000	0.000	0.000	1.000
100-299	410	0.250	20	0.000	0.000	0.000	0.200
100-299	412	1.000	1	1.000	0.000	1.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	354	0.167	0.500	0	0.000	0	0.000
100-299	355	0.000	0.500	0	0.000	0	0.000
100-299	356	0.000	0.429	0	0.000	0	0.000
100-299	357	0.000	0.000	0	0.000	0	0.000
100-299	358	0.000	0.500	0	0.000	0	0.000
100-299	360	0.000	0.000	0	0.000	0	0.000
100-299	363	0.000	0.000	0	0.000	0	0.000
100-299	364	0.000	0.000	0	0.000	0	0.000
100-299	368	0.000	0.000	0	0.000	0	1.000
100-299	369	0.000	1.000	0	0.000	0	0.000
100-299	389	0.000	0.000	0	0.000	0	0.000
100-299	392	0.000	0.667	0	0.000	0	0.000
100-299	395	0.000	0.241	0	0.000	0	0.034
100-299	397	0.000	0.000	0	0.000	0	0.000
100-299	398	0.000	0.000	0	0.000	0	0.000
100-299	401	0.000	0.000	1	0.000	0	0.000
100-299	403	0.100	0.200	0	0.000	0	0.300
100-299	404	0.000	0.000	0	0.000	0	0.000
100-299	406	1.000	0.000	0	0.000	0	0.000
100-299	409	0.000	0.000	0	0.000	0	0.000
100-299	410	0.050	0.000	0	0.000	0	0.000
100-299	412	0.000	0.000	0	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

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100-299	413	1.000	5	0.800	0.600	0.200	0.000
100-299	414	1.000	1	0.000	0.000	0.000	0.000
100-299	415	0.750	4	0.500	0.500	0.000	0.000
100-299	416	0.933	15	0.333	0.267	0.067	0.000
100-299	419	0.750	4	0.250	0.000	0.250	0.000
100-299	420	1.000	1	0.000	0.000	0.000	1.000
100-299	421	2.000	1	1.000	0.000	1.000	0.000
100-299	423	2.000	3	1.000	1.000	0.000	0.333
100-299	424	1.000	2	0.500	0.500	0.000	0.000
100-299	425	1.500	2	0.500	0.500	0.000	0.500
100-299	426	0.727	11	0.545	0.273	0.273	0.091
100-299	428	0.000	1	0.000	0.000	0.000	0.000
100-299	429	0.857	7	0.286	0.286	0.000	0.143
100-299	430	0.250	16	0.063	0.063	0.000	0.063
100-299	436	1.000	2	0.000	0.000	0.000	0.000
100-299	437	2.000	1	1.000	0.000	1.000	0.000
100-299	438	0.667	3	0.000	0.000	0.000	0.000
100-299	440	1.000	1	0.000	0.000	0.000	0.000
100-299	442	0.500	2	0.000	0.000	0.000	0.000
100-299	443	3.000	1	1.000	0.000	1.000	0.000
100-299	444	1.000	2	0.500	0.500	0.000	0.500
100-299	449	0.923	13	0.538	0.154	0.385	0.077

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	413	0.000	0.200	0	0.000	0.000	0.000
100-299	414	0.000	1.000	0	0.000	0.000	0.000
100-299	415	0.000	0.250	0	0.000	0.000	0.000
100-299	416	0.000	0.333	0	0.067	0 000	0.200
100-299	419	0.000	0.500	0	0.000	0.000	0.000
100-299	420	0.000	0.000	0	0.000	0.000	0.000
100-299	421	0.000	1.000	0	0.000	0.000	0.000
100-299	423	0.000	0.667	0	0.000	0.000	0.000
100-299	424	0.000	0.500	0	0.000	0.000	0.000
100-299	425	0.000	0.000	0	0.000	0.000	0.500
100-299	426	0.000	0.091	0	0.000	0.000	0.000
100-299	428	0.000	0.000	0	0.000	0.000	0.000
100-299	429	0.000	0.429	0	0.000	0.000	0.000
100-299	430	0.000	0.125	0	0.000	0.000	0.000
100-299	436	0.000	1.000	0	0.000	0.000	0.000
100-299	437	0.000	1.000	0	0.000	0.000	0.000
100-299	438	0.000	0.667	0	0.000	0.000	0.000
100-299	440	0.000	1.000	0	0.000	0.000	0.000
100-299	442	0.000	0.500	0	0.000	0.000	0.000
100-299	443	1.000	0.000	0	0.000	0.000	1.000
100-299	444	0.000	0.000	0	0.000	0.000	0.000
100-299	449	0.000	0.231	0	0.000	0 000	0.077

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	450	1.500	2	0.500	0.000	0.500	0.000
100-299	452	0.333	6	0.000	0.000	0.000	0.000
100-299	453	0.000	1	0.000	0.000	0.000	0.000
100-299	460	0.500	2	0.000	0.000	0.000	0.500
100-299	461	0.667	3	0.333	0.333	0.000	0.000
100-299	463	1.000	3	0.333	0.333	0.000	0.000
100-299	464	2.000	1	1.000	0.000	1.000	1.000
100-299	467	2.000	1	1.000	1.000	0.000	1.000
100-299	468	0.724	29	0.172	0.138	0.034	0.034
300+	1	0.400	5	0.000	0.000	0.000	0.000
300+	2	0.600	5	0.000	0.000	0.000	0.000
300+	4	1.000	2	0.500	0.500	0.000	0.000
300+	5	0.417	12	0.000	0.000	0.000	0.000
300+	7	0.500	4	0.000	0.000	0.000	0.250
300+	9	1.000	1	0.000	0.000	0.000	0.000
300+	10	0.750	4	0.500	0.250	0.250	0.250
300+	11	1.000	1	0.000	0.000	0.000	0.000
300+	12	1.000	5	0.200	0.200	0.000	0.400
300+	13	1.000	4	0.250	0.000	0.250	0.000
300+	14	0.514	72	0.125	0.125	0.000	0.028
300+	15	0.585	53	0.113	0.057	0.057	0.057
300+	17	1.000	4	0.750	0.500	0.250	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	450	0.000	1.000	0	0.000	0.000	0.000
100-299	452	0.000	0.167	0	0.000	0.000	0.167
100-299	453	0.000	0.000	0	0.000	0.000	0.000
100-299	460	0.000	0.000	0	0.000	0.000	0.000
100-299	461	0.000	0.333	0	0.000	0.000	0.000
100-299	463	0.000	0.667	0	0.000	0.000	0.000
100-299	464	0.000	0.000	0	0.000	0.000	0.000
100-299	467	0.000	0.000	0	0.000	0.000	0.000
100-299	468	0.034	0.345	0	0.034	0.034	0.069
300+	1	0.000	0.400	0	0.000	0.000	0.000
300+	2	0.000	0.400	0	0.000	0.000	0.200
300+	4	0.000	0.500	0	0.000	0.000	0.000
300+	5	0.083	0.333	0	0.000	0.000	0.000
300+	7	0.000	0.250	0	0.000	0.000	0.000
300+	9	0.000	1.000	0	0.000	0.000	0.000
300+	10	0.000	0.000	0	0.000	0 000	0.000
300+	11	0.000	0.000	0	1.000	0.000	0.000
300+	12	0.000	0.400	0	0.000	0.000	0.000
300+	13	0.250	0.250	0	0.000	0.000	0.250
300+	14	0.000	0.292	0	0.000	0.000	0 069
300+	15	0.000	0.340	0	0.000	0.000	0 075
300+	17	0.000	0.250	0	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY F1 DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	F1 DRG	EVENTS	CASES	DRC CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	18	0.333	3	0.000	0.000	0.000	0.000
300+	19	0.667	3	0.000	0.000	0.000	0.333
300+	22	0.000	2	0.000	0.000	0.000	0.000
300+	24	0.700	10	0.400	0.200	0.200	0.100
300+	25	1.000	7	0.143	0.000	0.143	0.286
300+	27	0.000	2	0.000	0.000	0.000	0.000
300+	28	0.000	2	0.000	0.000	0.000	0.000
300+	31	1.000	2	0.500	0.000	0.500	0.000
300+	34	1.000	2	0.500	0.500	0.000	0.000
300+	35	2.000	1	1.000	1.000	0.000	0.000
300+	36	0.250	4	0.000	0.000	0.000	0.000
300+	38	1.000	1	1.000	0.000	1.000	0.000
300+	39	0.844	45	0.022	0.000	0.022	0.800
300+	40	0.500	2	0.000	0.000	0.000	0.500
300+	42	0.000	1	0.000	0.000	0.000	0.000
300+	44	0.500	2	0.000	0.000	0.000	0.500
300+	45	0.333	3	0.000	0.000	0.000	0.000
300+	46	1.000	1	0.000	0.000	0.000	1.000
300+	47	1.000	2	0.000	0.000	0.000	1.000
300+	49	0.500	2	0.000	0.000	0.000	0.000
300+	50	1.000	1	0.000	0.000	0.000	0.000
300+	53	0.500	4	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	18	0.333	0.000	0.000	0.000	0	0.000
300+	19	0.000	0.333	0.000	0.000	0	0.000
300+	22	0.000	0.000	0.000	0.000	0	0.000
300+	24	0.100	0.100	0.000	0.000	0	0.000
300+	25	0.143	0.286	0.000	0.000	0	0.143
300+	27	0.000	0.000	0.000	0.000	0	0.000
300+	28	0.000	0.000	0.000	0.000	0	0.000
300+	31	0.000	0.500	0.000	0.000	0	0.000
300+	34	0.500	0.000	0.000	0.000	0	0.000
300+	35	0.000	1.000	0.000	0.000	0	0.000
300+	36	0.000	0.250	0.000	0.000	0	0.000
300+	38	0.000	0.000	0.000	0.000	0	0.000
300+	39	0.000	0.000	0.000	0.000	0	0.022
300+	40	0.000	0.000	0.000	0.000	0	0.000
300+	42	0.000	0.000	0.000	0.000	0	0.000
300+	44	0.000	0.000	0.000	0.000	0	0.000
300+	45	0.000	0.333	0.000	0.000	0	0.000
300+	46	0.000	0.000	0.000	0.000	0	0.000
300+	47	0.000	0.000	0.000	0.000	0	0.000
300+	49	0.500	0.000	0.000	0.000	0	0.000
300+	50	0.000	1.000	0.000	0.000	0	0.000
300+	53	0.000	0.500	0.000	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY F1 DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRC CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	55	0.200	5	0.000	0.000	0.000	0.200
300+	56	1.000	1	0.000	0.000	0.000	0.000
300+	63	0.000	1	0.000	0.000	0.000	0.000
300+	64	0.667	3	0.333	0.000	0.333	0.333
300+	65	1.333	3	0.667	0.000	0.667	0.000
300+	66	0.800	5	0.000	0.000	0.000	0.200
300+	68	1.000	6	0.333	0.333	0.000	0.333
300+	72	1.000	2	0.500	0.000	0.500	0.000
300+	73	1.000	3	0.333	0.000	0.333	0.333
300+	75	0.333	12	0.083	0.083	0.000	0.000
300+	76	0.500	2	0.000	0.000	0.000	0.000
300+	77	1.000	1	1.000	0.000	1.000	0.000
300+	78	0.429	7	0.286	0.286	0.000	0.000
300+	79	0.421	19	0.053	0.053	0.000	0.158
300+	80	0.500	2	0.000	0.000	0.000	0.000
300+	82	0.625	32	0.156	0.125	0.031	0.188
300+	83	0.000	1	0.000	0.000	0.000	0.000
300+	84	3.000	1	1.000	0.000	1.000	0.000
300+	85	0.000	1	0.000	0.000	0.000	0.000
300+	87	0.833	24	0.542	0.500	0.042	0.000
300+	88	0.738	42	0.452	0.357	0.095	0.071
300+	89	0.615	78	0.141	0.115	0.026	0.038

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	55	0.000	0.000	0.000	0.000	0	0.000
300+	56	0.000	1.000	0.000	0.000	0	0.000
300+	63	0.000	0.000	0.000	0.000	0	0.000
300+	64	0.000	0.000	0.000	0.000	0	0.000
300+	65	0.000	0.667	0.000	0.000	0	0.000
300+	66	0.000	0.600	0.000	0.000	0	0.000
300+	68	0.000	0.167	0.000	0.000	0	0.167
300+	72	0.000	0.500	0.000	0.000	0	0.000
300+	73	0.000	0.333	0.000	0.000	0	0.000
300+	75	0.000	0.250	0.000	0.000	0	0.000
300+	76	0.000	0.500	0.000	0.000	0	0.000
300+	77	0.000	0.000	0.000	0.000	0	0.000
300+	78	0.000	0.143	0.000	0.000	0	0.000
300+	79	0.000	0.158	0.000	0.000	0	0.053
300+	80	0.000	0.500	0.000	0.000	0	0.000
300+	82	0.094	0.125	0.000	0.031	0	0.031
300+	83	0.000	0.000	0.000	0.000	0	0.000
300+	84	0.000	1.000	1.000	0.000	0	0.000
300+	85	0.000	0.000	0.000	0.000	0	0.000
300+	87	0.000	0.250	0.000	0.000	0	0.042
300+	88	0.000	0.190	0.000	0.000	0	0.024
300+	89	0.000	0.321	0.013	0.013	0	0.090

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRC	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	90	0.538	13	0.231	0.077	0.154	0.077
300+	91	1.000	1	1.000	0.000	1.000	0.000
300+	92	0.667	3	0.333	0.333	0.000	0.000
300+	94	1.000	1	1.000	1.000	0.000	0.000
300+	96	0.455	44	0.068	0.000	0.068	0.114
300+	97	0.700	10	0.300	0.200	0.100	0.200
300+	99	0.818	11	0.545	0.182	0.364	0.000
300+	100	0.000	2	0.000	0.000	0.000	0.000
300+	101	1.000	8	0.375	0.375	0.000	0.125
300+	102	1.000	1	0.000	0.000	0.000	1.000
300+	104	0.000	2	0.000	0.000	0.000	0.000
300+	105	0.333	6	0.000	0.000	0.000	0.000
300+	106	0.333	9	0.000	0.000	0.000	0.000
300+	107	0.111	9	0.000	0.000	0.000	0.000
300+	108	0.000	5	0.000	0.000	0.000	0.000
300+	109	0.600	5	0.400	0.200	0.200	0.000
300+	110	0.583	24	0.000	0.000	0.000	0.042
300+	111	0.333	3	0.000	0.000	0.000	0.000
300+	112	0.833	6	0.500	0.167	0.333	0.000
300+	113	0 600	5	0.200	0.200	0.000	0.000
300+	115	0.000	1	0.000	0.000	0.000	0 000
300+	116	0.333	6	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	90	0.000	0.231	0.000	0.000	0.000	0.000
300+	91	0.000	0.000	0.000	0.000	0.000	0.000
300+	92	0.000	0.333	0.000	0.000	0.000	0.000
300+	94	0.000	0.000	0.000	0.000	0.000	0.000
300+	96	0.000	0.227	0.023	0.000	0.000	0.023
300+	97	0.000	0.200	0.000	0.000	0.000	0.000
300+	99	0.000	0.273	0.000	0.000	0.000	0.000
300+	100	0.000	0.000	0.000	0.000	0.000	0.000
300+	101	0.250	0.250	0.000	0.000	0.000	0.000
300+	102	0.000	0.000	0.000	0.000	0.000	0.000
300+	104	0.000	0.000	0.000	0.000	0.000	0.000
300+	105	0.167	0.167	0.000	0.000	0.000	0.000
300+	106	0.000	0.333	0.000	0.000	0 000	0.000
300+	107	0.111	0.000	0.000	0.000	0.000	0.000
300+	108	0.000	0.000	0.000	0.000	0.000	0.000
300+	109	0.000	0.200	0.000	0.000	0.000	0.000
300+	110	0.083	0.375	0.000	0.000	0.000	0.083
300+	111	0.000	0.333	0.000	0.000	0.000	0.000
300+	112	0.000	0.333	0 000	0.000	0.000	0.000
300+	113	0.200	0.200	0.000	0.000	0.000	0.000
300+	115	0.000	0.000	0.000	0.000	0.000	0.000
300+	116	0.000	0 333	0 000	0.000	0.000	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRC AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	117	0.667	3	0.000	0.000	0.000	0.000
300+	118	0.250	4	0.000	0.000	0.000	0.000
300+	121	0.304	23	0.174	0.130	0.043	0.000
300+	122	0.333	33	0.212	0.061	0.152	0.000
300+	123	0.059	17	0.059	0.059	0.000	0.000
300+	124	0.357	14	0.214	0.214	0.000	0.000
300+	125	0.120	25	0.000	0.000	0.000	0.000
300+	127	0.576	118	0.127	0.085	0.042	0.034
300+	128	0.455	11	0.182	0.000	0.182	0.182
300+	129	0.000	3	0.000	0.000	0.000	0.000
300+	130	0.529	17	0.176	0.118	0.059	0.059
300+	131	0.500	6	0.333	0.167	0.167	0.000
300+	132	1.000	10	0.800	0.700	0.100	0.000
300+	134	0.857	7	0.143	0.000	0.143	0.000
300+	135	1.000	6	0.333	0.167	0.167	0.167
300+	136	1.000	1	1.000	0.000	1.000	0.000
300+	138	0.522	46	0.130	0.087	0.043	0.065
300+	139	0.500	6	0.167	0.000	0.167	0.167
300+	140	0.577	71	0.141	0.056	0.085	0.014
300+	141	0.522	23	0.043	0.000	0.043	0.043
300+	142	0.500	4	0.000	0 000	0.000	0.000
300+	143	0.611	18	0.222	0.000	0.222	0.056

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	117	0.000	0.667	0.000	0.000	0.000	0.000
300+	118	0.250	0.000	0.000	0.000	0.000	0.000
300+	121	0.000	0.087	0.043	0.000	0.000	0.000
300+	122	0.000	0.091	0.000	0.000	0.000	0.030
300+	123	0.000	0.000	0.000	0.000	0.000	0.000
300+	124	0.000	0.143	0.000	0.000	0.000	0.000
300+	125	0.040	0.080	0.000	0.000	0.000	0.000
300+	127	0.000	0.381	0.000	0.000	0.000	0.034
300+	128	0.000	0.091	0.000	0.000	0.000	0.000
300+	129	0.000	0.000	0.000	0.000	0.000	0.000
300+	130	0.000	0.294	0.000	0.000	0.000	0.000
300+	131	0.000	0.167	0.000	0.000	0.000	0.000
300+	132	0.000	0.200	0.000	0.000	0.000	0.000
300+	134	0.000	0.571	0.000	0.000	0.000	0.143
300+	135	0.000	0.500	0.000	0.000	0.000	0.000
300+	136	0.000	0.000	0.000	0.000	0.000	0.000
300+	138	0.000	0.239	0.000	0.022	0.022	0.043
300+	139	0.000	0.167	0.000	0.000	0.000	0.000
300+	140	0.000	0.394	0 000	0.000	0 000	0.028
300+	141	0 000	0.435	0.000	0.000	0.000	0 000
300+	142	0 000	0.500	0.000	0.000	0.000	0 000
300+	143	0.000	0.222	0.000	0.056	0 000	0 056

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
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HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	144	1.000	15	0.333	0.333	0.000	0.000
300+	145	0.500	2	0.000	0.000	0.000	0.000
300+	146	0.600	5	0.000	0.000	0.000	0.000
300+	148	0.500	24	0.042	0.000	0.042	0.000
300+	149	1.333	3	0.333	0.000	0.333	0.000
300+	150	1.000	3	0.667	0.333	0.333	0.000
300+	151	0.000	1	0.000	0.000	0.000	0.000
300+	152	1.000	2	0.000	0.000	0.000	0.500
300+	153	0.500	2	0.000	0.000	0.000	0.000
300+	154	0.474	19	0.053	0.053	0.000	0.000
300+	155	2.000	1	1.000	1.000	0.000	1.000
300+	157	0.500	10	0.200	0.000	0.200	0.200
300+	158	1.000	3	0.667	0.000	0.667	0.333
300+	159	1.000	3	0.333	0.333	0.000	0.000
300+	160	0.250	4	0.000	0.000	0.000	0.000
300+	161	0.500	22	0.045	0.000	0.045	0.000
300+	162	0.400	5	0.000	0.000	0.000	0.000
300+	166	1.667	3	0.000	0.000	0.000	0.000
300+	168	0.000	3	0.000	0.000	0.000	0.000
300+	170	0.333	3	0.333	0.333	0.000	0.000
300+	172	0.647	17	0.353	0.294	0.059	0.059
300+	173	0.000	1	0.000	0.000	0.000	0.000

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
300+	144	0.000	0.400	0	0.067	0.000	0.200
300+	145	0.000	0.000	0	0.000	0.000	0.500
300+	146	0.000	0.400	0	0.000	0.000	0.200
300+	148	0.125	0.292	0	0.000	0.000	0.042
300+	149	0.667	0.333	0	0.000	0.000	0.000
300+	150	0.000	0.333	0	0.000	0.000	0.000
300+	151	0.000	0.000	0	0.000	0.000	0.000
300+	152	0.000	0.500	0	0.000	0.000	0.000
300+	153	0.000	0.500	0	0.000	0.000	0.000
300+	154	0.000	0.368	0	0.000	0.000	0.053
300+	155	0.000	0.000	0	0.000	0.000	0.000
300+	157	0.100	0.000	0	0.000	0.000	0.000
300+	158	0.000	0.000	0	0.000	0.000	0.000
300+	159	0.333	0.333	0	0.000	0.000	0.000
300+	160	0.000	0.250	0	0.000	0.000	0.000
300+	161	0.136	0.273	0	0.045	0.000	0.000
300+	162	0.000	0.400	0	0.000	0.000	0.000
300+	166	0.000	0.667	0	0.000	0.333	0.667
300+	168	0.000	0.000	0	0.000	0.000	0.000
300+	170	0.000	0.000	0	0.000	0.000	0.000
300+	172	0.000	0.176	0	0.000	0.000	0.059
300+	173	0.000	0.000	0	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	174	0.683	41	0.122	0.049	0.073	0.098
300+	175	1.000	3	0.333	0.000	0.333	0.333
300+	176	1.000	1	1.000	1.000	0.000	0.000
300+	177	0.857	7	0.286	0.143	0.143	0.286
300+	178	0.000	1	0.000	0.000	0.000	0.000
300+	179	0.000	2	0.000	0.000	0.000	0.000
300+	180	0.500	8	0.125	0.125	0.000	0.125
300+	181	0.500	2	0.000	0.000	0.000	0.000
300+	182	0.712	59	0.136	0.034	0.102	0.186
300+	183	0.909	11	0.364	0.000	0.364	0.000
300+	188	0.600	10	0.200	0.000	0.200	0.100
300+	189	1.000	1	0.000	0.000	0.000	1.000
300+	193	0.500	2	0.000	0.000	0.000	0.000
300+	195	0.400	10	0.000	0.000	0.000	0.000
300+	196	1.000	1	0.000	0.000	0.000	0.000
300+	197	0.714	7	0.000	0.000	0.000	0.000
300+	198	0.000	1	0.000	0.000	0.000	0.000
300+	200	1.000	1	1.000	1.000	0.000	0.000
300+	201	0.000	2	0.000	0.000	0.000	0.000
300+	202	1.200	5	0.200	0.000	0.200	0.600
300+	203	0.444	9	0.222	0.222	0.000	0.000
300+	204	0.750	8	0.000	0.000	0.000	0.125

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	174	0.000	0.415	0	0.000	0.000	0.049
300+	175	0.000	0.000	0	0.000	0.000	0.333
300+	176	0.000	0.000	0	0.000	0.000	0.000
300+	177	0.000	0.286	0	0.000	0.000	0.000
300+	178	0.000	0.000	0	0.000	0.000	0.000
300+	179	0.000	0.000	0	0.000	0.000	0.000
300+	180	0.000	0.250	0	0.000	0.000	0.000
300+	181	0.000	0.500	0	0.000	0.000	0.000
300+	182	0.000	0.339	0	0.017	0.000	0.034
300+	183	0.000	0.455	0	0.000	0.000	0.091
300+	188	0.000	0.300	0	0.000	0.000	0.000
300+	189	0.000	0.000	0	0.000	0.000	0.000
300+	193	0.500	0.000	0	0.000	0.000	0.000
300+	195	0.000	0.400	0	0.000	0.000	0.000
300+	196	0.000	1.000	0	0.000	0.000	0.000
300+	197	0.000	0.714	0	0.000	0.000	0.000
300+	198	0.000	0.000	0	0.000	0.000	0.000
300+	200	0.000	0.000	0	0.000	0.000	0.000
300+	201	0.000	0.000	0	0.000	0.000	0.000
300+	202	0.000	0.400	0	0.000	0.000	0.000
300+	203	0.000	0.222	0	0.000	0.000	0.000
300+	204	0.000	0.625	0	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRC AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	205	0.800	5	0.200	0.200	0.000	0.200
300+	206	1.000	1	1.000	1.000	0.000	0.000
300+	207	0.769	13	0.077	0.000	0.077	0.231
300+	208	1.000	1	0.000	0.000	0.000	1.000
300+	209	0.813	48	0.000	0.000	0.000	0.000
300+	210	0.870	23	0.130	0.130	0.000	0.000
300+	211	1.000	2	0.500	0.000	0.500	0.000
300+	213	1.000	1	0.000	0.000	0.000	0.000
300+	214	0.455	11	0.000	0.000	0.000	0.000
300+	215	0.900	10	0.100	0.000	0.100	0.000
300+	216	0.000	2	0.000	0.000	0.000	0.000
300+	217	0.000	1	0.000	0.000	0.000	0.000
300+	218	0.000	2	0.000	0.000	0.000	0.000
300+	219	1.000	2	0.000	0.000	0.000	0.000
300+	221	0.500	4	0.000	0.000	0.000	0.250
300+	222	0.500	2	0.000	0.000	0.000	0.500
300+	223	0.500	4	0.000	0.000	0.000	0.000
300+	225	1.000	9	0.000	0.000	0.000	0.222
300+	226	0.500	2	0.500	0.000	0.500	0.000
300+	227	1.000	1	0.000	0.000	0.000	1.000
300+	229	0.750	4	0.250	0.000	0.250	0.000
300+	231	1.000	3	1.000	0.333	0.667	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	205	0.000	0.400	0	0	0.000	0.000
300+	206	0.000	0.000	0	0	0.000	0.000
300+	207	0.000	0.385	0	0	0.000	0.077
300+	208	0.000	0.000	0	0	0.000	0.000
300+	209	0.125	0.667	0	0	0.000	0.021
300+	210	0.043	0.696	0	0	0.000	0.000
300+	211	0.000	0.500	0	0	0.000	0.000
300+	213	0.000	1.000	0	0	0.000	0.000
300+	214	0.091	0.364	0	0	0.000	0.000
300+	215	0.100	0.700	0	0	0.000	0.000
300+	216	0.000	0.000	0	0	0.000	0.000
300+	217	0.000	0.000	0	0	0.000	0.000
300+	218	0.000	0.000	0	0	0.000	0.000
300+	219	0.000	1.000	0	0	0.000	0.000
300+	221	0.000	0.250	0	0	0.000	0.000
300+	222	0.000	0.000	0	0	0.000	0.000
300+	223	0.000	0.500	0	0	0.000	0.000
300+	225	0.000	0.667	0	0	0.000	0.111
300+	226	0.000	0.000	0	0	0.000	0.000
300+	227	0.000	0.000	0	0	0.000	0.000
300+	229	0.000	0.500	0	0	0.000	0.000
300+	231	0.000	0.000	0	0	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
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HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	236	0.800	10	0.100	0.100	0.000	0.100
300+	239	0.938	16	0.250	0.125	0.125	0.313
300+	240	1.143	7	0.286	0.286	0.000	0.571
300+	241	1.000	1	0.000	0.000	0.000	1.000
300+	242	1.000	1	0.000	0.000	0.000	0.000
300+	243	0.900	40	0.100	0.025	0.075	0.175
300+	244	0.500	4	0.000	0.000	0.000	0.000
300+	245	1.000	2	0.500	0.000	0.500	0.500
300+	247	1.000	3	0.333	0.000	0.333	0.333
300+	248	1.000	2	0.000	0.000	0.000	0.000
300+	249	0.000	1	0.000	0.000	0.000	0.000
300+	250	1.333	3	0.333	0.000	0.333	0.333
300+	253	1.000	5	0.200	0.000	0.200	0.400
300+	256	0.333	3	0.000	0.000	0.000	0.000
300+	257	0.600	5	0.200	0.000	0.200	0.000
300+	261	1.500	2	0.500	0.500	0.000	1.000
300+	262	0.250	4	0.000	0.000	0.000	0.000
300+	263	0.667	3	0.000	0.000	0.000	0.000
300+	264	1.000	2	0.500	0.000	0.500	0.500
300+	265	1.000	2	0.000	0.000	0.000	0.000
300+	266	1.000	2	0.000	0.000	0.000	0.500
300+	268	0.000	1	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	236	0.000	0.600	0	0	0.000	0.000
300+	239	0.000	0.313	0	0	0.000	0.063
300+	240	0.000	0.286	0	0	0.000	0.000
300+	241	0.000	0.000	0	0	0.000	0.000
300+	242	0.000	1.000	0	0	0.000	0.000
300+	243	0.000	0.525	0	0	0.025	0.075
300+	244	0.000	0.500	0	0	0.000	0.000
300+	245	0.000	0.000	0	0	0.000	0.000
300+	247	0.333	0.000	0	0	0.000	0.000
300+	248	0.000	1.000	0	0	0.000	0.000
300+	249	0.000	0.000	0	0	0.000	0.000
300+	250	0.000	0.667	0	0	0.000	0.000
300+	253	0.000	0.400	0	0	0.000	0.000
300+	256	0.000	0.333	0	0	0.000	0.000
300+	257	0.000	0.400	0	0	0.000	0.000
300+	261	0.000	0.000	0	0	0.000	0.000
300+	262	0.000	0.250	0	0	0.000	0.000
300+	263	0.333	0.333	0	0	0.000	0.000
300+	264	0.000	0.000	0	0	0.000	0.000
300+	265	0.000	1.000	0	0	0.000	0.000
300+	266	0.000	0.500	0	0	0.000	0.000
300+	268	0.000	0.000	0	0	0.000	0.000

THE HEALTH DATA INSTITUTE
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HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	269	1.333	3	0.667	0.000	0.667	0.333
300+	270	0.500	2	0.500	0.000	0.500	0.000
300+	271	1.000	4	0.500	0.250	0.250	0.250
300+	272	0.600	5	0.200	0.200	0.000	0.200
300+	273	0.000	1	0.000	0.000	0.000	0.000
300+	277	0.143	7	0.143	0.143	0.000	0.000
300+	280	1.000	2	0.000	0.000	0.000	0.000
300+	283	1.000	3	0.000	0.000	0.000	0.000
300+	285	1.500	2	0.500	0.500	0.000	0.333
300+	286	1.000	1	0.000	0.000	0.000	0.000
300+	289	0.000	1	0.000	0.000	0.000	0.000
300+	290	1.000	1	0.000	0.000	0.000	0.000
300+	292	1.000	1	0.000	0.000	0.000	0.000
300+	294	0.609	23	0.087	0.000	0.087	0.087
300+	295	1.000	1	0.000	0.000	0.000	0.000
300+	296	0.591	44	0.159	0.114	0.045	0.045
300+	297	1.000	1	1.000	0.000	1.000	0.000
300+	299	1.000	1	1.000	1.000	0.000	0.000
300+	300	0.667	3	0.000	0.000	0.000	0.000
300+	301	0.000	1	0.000	0.000	0.000	0.000
300+	302	0.000	2	0.000	0.000	0.000	0.000
300+	303	0.429	7	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	269	0.000	0.000	0	0	0.000	0.333
300+	270	0.000	0.000	0	0	0.000	0.000
300+	271	0.000	0.250	0	0	0.000	0.000
300+	272	0.000	0.200	0	0	0.000	0.000
300+	273	0.000	0.000	0	0	0.000	0.000
300+	277	0.000	0.000	0	0	0.000	0.000
300+	280	0.000	1.000	0	0	0.000	0.000
300+	283	0.000	0.333	0	0	0.000	0.333
300+	285	0.500	0.500	0	0	0.000	0.000
300+	286	0.000	1.000	0	0	0.000	0.000
300+	289	0.000	0.000	0	0	0.000	0.000
300+	290	0.000	1.000	0	0	0.000	0.000
300+	292	0.000	1.000	0	0	0.000	0.000
300+	294	0.000	0.435	0	0	0.000	0.000
300+	295	0.000	1.000	0	0	0.000	0.000
300+	296	0.000	0.341	0	0	0.000	0.045
300+	297	0.000	0.000	0	0	0.000	0.000
300+	299	0.000	0.000	0	0	0.000	0.000
300+	300	0.333	0.333	0	0	0.000	0.000
300+	301	0.000	0.000	0	0	0.000	0.000
300+	302	0.000	0.000	0	0	0.000	0.000
300+	303	0.286	0.000	0	0	0.143	0.000

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HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	304	1.000	3	0.000	0.000	0.000	0.000
300+	306	0.500	14	0.143	0.143	0.000	0.000
300+	307	0.500	2	0.500	0.000	0.500	0.000
300+	308	0.833	6	0.500	0.500	0.000	0.000
300+	309	2.000	1	1.000	1.000	0.000	1.000
300+	310	0.214	14	0.000	0.000	0.000	0.143
300+	311	1.000	4	0.500	0.000	0.500	0.500
300+	312	0.333	3	0.333	0.333	0.000	0.000
300+	313	0.000	1	0.000	0.000	0.000	0.000
300+	315	0.000	4	0.000	0.000	0.000	0.000
300+	316	0.143	7	0.143	0.143	0.000	0.000
300+	318	1.000	1	0.000	0.000	0.000	0.000
300+	320	0.545	22	0.273	0.000	0.273	0.000
300+	321	0.500	2	0.000	0.000	0.000	0.000
300+	323	0.375	8	0.125	0.000	0.125	0.125
300+	324	0.000	1	0.000	0.000	0.000	0.000
300+	325	1.000	10	0.300	0.100	0.200	0.400
300+	328	0.000	1	0.000	0.000	0.000	0.000
300+	331	1.000	8	0.250	0.125	0.125	0.125
300+	332	0.500	2	0.500	0.000	0.500	0.000
300+	334	0.500	2	0.500	0.500	0.000	0.000
300+	335	0.000	2	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	304	0.000	1.000	0.00	0	0	0.000
300+	306	0.214	0.143	0.00	0	0	0.000
300+	307	0.000	0.000	0.00	0	0	0.000
300+	308	0.167	0.000	0.00	0	0	0.167
300+	309	0.000	0.000	0.00	0	0	0.000
300+	310	0.000	0.071	0.00	0	0	0.000
300+	311	0.000	0.000	0.00	0	0	0.000
300+	312	0.000	0.000	0.00	0	0	0.000
300+	313	0.000	0.000	0.00	0	0	0.000
300+	315	0.000	0.000	0.00	0	0	0.000
300+	316	0.000	0.000	0.00	0	0	0.000
300+	318	0.000	1.000	0.00	0	0	0.000
300+	320	0.000	0.227	0.00	0	0	0.045
300+	321	0.000	0.500	0.00	0	0	0.000
300+	323	0.000	0.125	0.00	0	0	0.000
300+	324	0.000	0.000	0.00	0	0	0.000
300+	325	0.000	0.300	0.00	0	0	0.000
300+	328	0.000	0.000	0.00	0	0	0.000
300+	331	0.000	0.500	0.00	0	0	0.125
300+	332	0.000	0.000	0.00	0	0	0.000
300+	334	0.000	0.000	0.00	0	0	0.000
300+	335	0.000	0.000	0.00	0	0	0.000

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UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	336	0.489	45	0.044	0.022	0.022	0.000
300+	337	0.429	7	0.000	0.000	0.000	0.000
300+	338	0.400	5	0.000	0.000	0.000	0.000
300+	339	0.333	3	0.000	0.000	0.000	0.000
300+	342	0.667	3	0.000	0.000	0.000	0.333
300+	344	0.000	2	0.000	0.000	0.000	0.000
300+	345	1.000	2	0.500	0.000	0.500	0.000
300+	346	0.333	6	0.000	0.000	0.000	0.167
300+	348	1.000	4	0.250	0.000	0.250	0.500
300+	349	0.500	2	0.000	0.000	0.000	0.500
300+	350	0.000	3	0.000	0.000	0.000	0.000
300+	353	0.000	2	0.000	0.000	0.000	0.000
300+	354	0.636	11	0.091	0.091	0.000	0.000
300+	355	0.000	1	0.000	0.000	0.000	0.000
300+	356	0.333	6	0.000	0.000	0.000	0.000
300+	358	1.000	1	0.000	0.000	0.000	1.000
300+	360	0.000	1	0.000	0.000	0.000	0.000
300+	363	1.000	2	0.000	0.000	0.000	1.000
300+	364	0.500	6	0.167	0.000	0.167	0.167
300+	366	1.000	2	0.500	0.500	0.000	0.500
300+	367	2.000	1	1.000	0.000	1.000	0.000
300+	369	0.000	1	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	336	0.178	0.222	0.00	0.00	0	0.044
300+	337	0.000	0.429	0.00	0.00	0	0.000
300+	338	0.200	0.200	0.00	0.00	0	0.000
300+	339	0.000	0.333	0.00	0.00	0	0.000
300+	342	0.000	0.333	0.00	0.00	0	0.000
300+	344	0.000	0.000	0.00	0.00	0	0.000
300+	345	0.000	0.500	0.00	0.00	0	0.000
300+	346	0.000	0.167	0.00	0.00	0	0.000
300+	348	0.000	0.250	0.00	0.00	0	0.000
300+	349	0.000	0.000	0.00	0.00	0	0.000
300+	350	0.000	0.000	0.00	0.00	0	0.000
300+	353	0.000	0.000	0.00	0.00	0	0.000
300+	354	0.091	0.455	0.00	0.00	0	0.000
300+	355	0.000	0.000	0.00	0.00	0	0.000
300+	356	0.000	0.333	0.00	0.00	0	0.000
300+	358	0.000	0.000	0.00	0.00	0	0.000
300+	360	0.000	0.000	0.00	0.00	0	0.000
300+	363	0.000	0.000	0.00	0.00	0	0.000
300+	364	0.000	0.167	0.00	0.00	0	0.000
300+	366	0.000	0.000	0.00	0.00	0	0.000
300+	367	0.000	1.000	0.00	0.00	0	0.000
300+	369	0.000	0.000	0.00	0.00	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	392	1.000	1	0.000	0.000	0.000	0.000
300+	395	0.500	20	0.000	0.000	0.000	0.100
300+	397	1.000	1	1.000	1.000	0.000	0.000
300+	398	0.333	3	0.000	0.000	0.000	0.000
300+	400	0.667	3	0.333	0.333	0.000	0.000
300+	402	0.000	1	0.000	0.000	0.000	0.000
300+	403	0.643	14	0.143	0.143	0.000	0.143
300+	404	1.000	1	1.000	1.000	0.000	0.000
300+	406	1.000	1	1.000	0.000	1.000	0.000
300+	407	1.000	1	1.000	1.000	0.000	0.000
300+	409	0.333	3	0.333	0.333	0.000	0.000
300+	410	0.216	37	0.054	0.000	0.054	0.081
300+	411	0.000	1	0.000	0.000	0.000	0.000
300+	412	1.000	1	1.000	0.000	1.000	0.000
300+	413	0.143	7	0.000	0.000	0.000	0.143
300+	415	0.917	12	0.500	0.500	0.000	0.000
300+	416	0.826	23	0.435	0.435	0 000	0.000
300+	418	0.333	3	0.000	0.000	0.000	0.000
300+	419	1.000	4	0.250	0.000	0.250	0.250
300+	421	0.250	4	0.000	0.000	0.000	0.000
300+	423	1.167	6	0.833	0.833	0.000	0.167
300+	424	0.600	5	0.400	0.400	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	392	0.000	1.000	0.00	0.00	0	0.000
300+	395	0.000	0.300	0.05	0.00	0	0.050
300+	397	0.000	0.000	0.00	0.00	0	0 000
300+	398	0.000	0.333	0.00	0.00	0	0.000
300+	400	0.333	0.000	0.00	0.00	0	0.000
300+	402	0.000	0.000	0.00	0.00	0	0.000
300+	403	0.071	0.214	0.00	0.00	0	0.071
300+	404	0.000	0.000	0.00	0.00	0	0.000
300+	406	0.000	0.000	0.00	0.00	0	0.000
300+	407	0.000	0.000	0.00	0.00	0	0.000
300+	409	0.000	0.000	0.00	0.00	0	0.000
300+	410	0.000	0.081	0.00	0.00	0	0.000
300+	411	0.000	0.000	0.00	0.00	0	0.000
300+	412	0.000	0.000	0.00	0.00	0	0.000
300+	413	0.000	0.000	0.00	0.00	0	0.000
300+	415	0.000	0.333	0.00	0.00	0	0.083
300+	416	0.000	0.261	0.00	0.00	0	0.130
300+	418	0.000	0.333	0.00	0.00	0	0.000
300+	419	0.000	0.500	0.00	0 00	0	0.000
300+	421	0.000	0.250	0.00	0.00	0	0.000
300+	423	0.000	0.167	0 00	0 00	0	0.000
300+	424	0 000	0.200	0 00	0.00	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
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HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	425	0.500	6	0.167	0.000	0.167	0.000
300+	426	0.750	4	0.250	0.250	0.000	0.000
300+	428	2.000	1	1.000	1.000	0.000	1.000
300+	429	1.333	3	0.333	0.333	0.000	0.333
300+	430	0.364	11	0.273	0.182	0.091	0.000
300+	432	1.000	1	0.000	0.000	0.000	0.000
300+	436	1.000	3	0.333	0.333	0.000	0.000
300+	437	1.000	1	0.000	0.000	0.000	0.000
300+	438	0.500	6	0.000	0.000	0.000	0.333
300+	439	0.000	2	0.000	0.000	0.000	0.000
300+	442	0.286	7	0.000	0.000	0.000	0.000
300+	443	0.000	1	0.000	0.000	0.000	0.000
300+	449	0.500	8	0.500	0.125	0.375	0.000
300+	450	1.000	1	1.000	0.000	1.000	0.000
300+	452	1.143	7	0.714	0.143	0.571	0.000
300+	454	1.500	2	1.000	0.500	0.500	0.000
300+	460	0.500	2	0.000	0.000	0.000	0.000
300+	461	1.000	2	0.500	0.000	0.500	0.500
300+	463	0.000	2	0.000	0.000	0.000	0.000
300+	464	0.500	2	0.500	0.000	0.500	0.000
300+	466	1.000	1	1.000	1.000	0.000	0.000
300+	467	0.750	4	0.500	0.250	0.250	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	425	0	0.167	0	0.00	0	0.167
300+	426	0	0.000	0	0.25	0	0.250
300+	428	0	0.000	0	0.00	0	0.000
300+	429	0	0.667	0	0.00	0	0.000
300+	430	0	0.000	0	0.00	0	0.091
300+	432	0	1.000	0	0.00	0	0.000
300+	436	0	0.667	0	0.00	0	0.000
300+	437	0	1.000	0	0.00	0	0.000
300+	438	0	0.167	0	0.00	0	0.000
300+	439	0	0.000	0	0.00	0	0.000
300+	442	0	0.286	0	0.00	0	0.000
300+	443	0	0.000	0	0.00	0	0.000
300+	449	0	0.000	0	0.00	0	0.000
300+	450	0	0.000	0	0.00	0	0.000
300+	452	0	0.286	0	0.00	0	0.143
300+	454	0	0.500	0	0.00	0	0.000
300+	460	0	0.500	0	0.00	0	0.000
300+	461	0	0.000	0	0.00	0	0.000
300+	463	0	0.000	0	0.00	0	0.000
300+	464	0	0.000	0	0.00	0	0.000
300+	466	0	0.000	0	0.00	0	0.000
300+	467	0	0.000	0	0.00	0	0.250

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
UNWEIGHTED DATA

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	468	0.5	28	0.286	0.25	0.036	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	468	0	0.179	0	0	0	0.036

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	TOTAL	5419.6	8277.0	1537.5	921.5	616.0	830 5
ALL	1	4.4	11.5	0.0	0.0	0.0	0.0
ALL	2	4.6	7.6	0.0	0.0	0.0	0.0
ALL	4	4.4	4 4	1.5	1.5	0.0	0.0
ALL	5	16.1	34 0	0.0	0.0	0.0	0.0
ALL	7	4.4	7 4	0.0	0.0	0.0	1.5
ALL	9	1.5	2.8	0.0	0.0	0.0	0.0
ALL	10	13.1	18.6	3.7	2.2	1.5	3.5
ALL	11	1.5	1.5	0.0	0 0	0.0	0 0
ALL	12	23.4	22.7	10.0	8.1	2.0	6 3
ALL	13	8.7	8.7	1.5	0.0	1.5	0.0
ALL	14	145.0	249.4	41.5	39.5	2.0	10.9
ALL	15	122.2	174.8	23.6	8.5	15.1	14.4
ALL	16	15 1	10.5	7.9	2.0	5.9	0.0
ALL	17	16.7	14.0	9.9	6.4	3.5	3.3
ALL	18	10.0	14.4	1.3	1.3	0.0	2.0
ALL	19	3.1	4 6	0.0	0.0	0.0	1 5
ALL	20	2.6	2.6	0.7	0.7	0.0	0 0
ALL	22	13.9	19.0	4.0	3.3	0.7	2.6
ALL	23	0.7	2.0	0.7	0.7	0 0	0 0
ALL	24	38.9	47.5	8 7	4.4	4.4	8.1
ALL	25	15.9	15.9	2.8	0.0	2.8	3.1

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	TOTAL	151.3	2313.5	40.9	68.6	18.5	458 8
ALL	1	1.3	3.1	0.0	0.0	0.0	0.0
ALL	2	0.0	3.1	0.0	0.0	0.0	1.5
ALL	4	1.3	1.5	0.0	0.0	0.0	0.0
ALL	5	4.1	10.7	1.3	0.0	0.0	0.0
ALL	7	0.0	2.8	0.0	0.0	0.0	0.0
ALL	9	0.0	1.5	0.0	0.0	0.0	0.0
ALL	10	0.0	5.9	0.0	0.0	0.0	0.0
ALL	11	0.0	0.0	0.0	1.5	0.0	0.0
ALL	12	0.0	7.0	0.0	0.0	0.0	0.0
ALL	13	1.5	4.1	0.0	0.0	0.0	1.5
ALL	14	0.0	63.0	3.3	0.7	0.0	25.5
ALL	15	1.3	64.2	0.7	0.7	0.0	17.3
ALL	16	0.0	7.2	0.0	0.0	0.0	0.0
ALL	17	0.0	2.9	0.0	0.0	0.0	0.7
ALL	18	1.5	5.2	0.0	0.0	0.0	0.0
ALL	19	0.0	1.5	0.0	0 0	0.0	0.0
ALL	20	0.0	2.0	0.0	0.0	0.0	0.0
ALL	22	0.0	5.9	0.0	0.0	0.0	1.3
ALL	23	0.0	0.0	0.0	0.0	0.0	0.0
ALL	24	1.5	14.0	0.0	0.0	0.0	6 6
ALL	25	1.5	7.0	0.0	0.0	0.0	1.5

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
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HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	27	2.0	5.0	1.3	1.3	0.0	0.0
ALL	28	2.0	11.6	0.0	0.0	0.0	0.0
ALL	31	5.0	7.7	1.5	0.0	1.5	0.0
ALL	32	0.7	1.3	0.0	0.0	0.0	0.0
ALL	34	4.4	4.4	1.5	1.5	0.0	0.0
ALL	35	3.1	1.5	1.5	1.5	0.0	0.0
ALL	36	1.5	7.4	0.0	0.0	0.0	0.0
ALL	38	1.5	2.2	1.5	0.0	1.5	0.0
ALL	39	95.3	112.5	1.5	0.0	1.5	90.2
ALL	40	2.8	4.4	0.0	0.0	0.0	1.5
ALL	42	1.3	2.8	0.0	0.0	0.0	0.0
ALL	43	0.7	0.7	0.0	0.0	0.0	0.0
ALL	44	1.5	3.1	0.0	0.0	0.0	1.5
ALL	45	2.8	5.9	0.0	0.0	0.0	1.3
ALL	46	2.9	2.2	0.7	0.0	0.7	2.2
ALL	47	5.0	5.0	0.0	0.0	0.0	4.4
ALL	49	1.5	3.1	0.0	0.0	0.0	0.0
ALL	50	1.5	2.8	0.0	0.0	0.0	0.0
ALL	51	0.0	1 3	0.0	0.0	0.0	0.0
ALL	53	4.4	12.0	1.3	0.0	1.3	0.0
ALL	55	1.5	11.5	0.0	0.0	0.0	1 5
ALL	56	2.8	5.4	1.3	0.0	1.3	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	27	0.0	0.0	0.0	0.0	0.0	0.7
ALL	28	0.0	1.3	0.0	0.0	0.0	0.7
ALL	31	0 0	2.8	0.0	0.0	0.0	0.7
ALL	32	0.0	0.7	0.0	0.0	0.0	0.0
ALL	34	1.5	1.3	0.0	0.0	0.0	0 0
ALL	35	0.0	1.5	0.0	0.0	0.0	0.0
ALL	36	0.0	1.5	0.0	0.0	0.0	0.0
ALL	38	0.0	0.0	0.0	0.0	0.0	0.0
ALL	39	0.0	1.3	0.0	0.0	0.0	2.2
ALL	40	0.0	1.3	0.0	0.0	0.0	0.0
ALL	42	0.0	1.3	0.0	0.0	0.0	0.0
ALL	43	0.0	0.7	0.0	0.0	0.0	0.0
ALL	44	0.0	0.0	0.0	0.0	0.0	0.0
ALL	45	0.0	1.5	0.0	0.0	0.0	0.0
ALL	46	0.0	0.0	0.0	0.0	0.0	0.0
ALL	47	0.0	0.7	0.0	0.0	0.0	0.0
ALL	49	1.5	0.0	0.0	0.0	0.0	0.0
ALL	50	0.0	1 5	0.0	0.0	0.0	0 0
ALL	51	0.0	0 0	0.0	0.0	0.0	0.0
ALL	53	0 0	3.1	0 0	0.0	0.0	0 0
ALL	55	0.0	0.0	0 0	0.0	0.0	0 0
ALL	56	0.0	1.5	0 0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
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ALL	63	1.3	2.8	0.0	0.0	0.0	0.0
ALL	64	6.3	7.9	1.5	0.0	1.5	3.5
ALL	65	27.9	25.6	3.7	0.0	3.7	8.5
ALL	66	9.4	14.2	1.3	0.0	1.3	2.2
ALL	68	30.4	37.7	8.4	5.7	2.6	9.7
ALL	69	3.9	7.9	1.3	0.0	1.3	0.7
ALL	72	3.1	3.1	1.5	0.0	1.5	0.0
ALL	73	9.2	10.5	1.5	0.0	1.5	4.1
ALL	75	12.6	28.8	2.8	2.8	0.0	0.0
ALL	76	4.1	8.3	1.3	1.3	0.0	0.0
ALL	77	4.1	2.8	2.8	1.3	1.5	1.3
ALL	78	11.1	30.3	4.4	4.4	0.0	0.0
ALL	79	39.1	69.1	11.4	11.4	0.0	5.3
ALL	80	1.5	3.1	0.0	0.0	0.0	0.0
ALL	82	56.8	89.5	14.9	11.4	3.5	17.1
ALL	83	4.6	4.8	1.3	1.3	0.0	2.6
ALL	84	5.9	2.2	2.2	0.0	2.2	0.7
ALL	85	11.9	14.6	6.6	6.6	0.0	0.7
ALL	87	86.7	99.2	54.8	52.7	2.2	1.3
ALL	88	112.9	145.2	58.2	44.1	14.1	13.2
ALL	89	225.9	359.4	59.1	50.8	8.3	14.5
ALL	90	19.8	33.0	7.2	2.8	4.4	3.5

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	63	0.0	1.3	0.0	0.0	0.0	0.0
ALL	64	0.0	1.3	0.0	0.0	0.0	0.0
ALL	65	0.0	12.9	0.0	0.0	0.0	2.7
ALL	66	0.0	5.9	0.0	0.0	0.0	0.0
ALL	68	0.0	8.8	0.0	0.0	0.0	3.5
ALL	69	0.0	2.0	0.0	0.0	0.0	0.0
ALL	72	0.0	1.5	0.0	0.0	0.0	0.0
ALL	73	0.0	2.8	0.0	0.0	0.0	0.7
ALL	75	2.6	7.2	0.0	0.0	0.0	0.0
ALL	76	0.0	1.5	0.0	0.0	0.0	1.3
ALL	77	0.0	0.0	0.0	0.0	0.0	0.0
ALL	78	0.0	6.8	0.0	0.0	0.0	0.0
ALL	79	0.0	16.4	0.0	0.0	0.0	6.1
ALL	80	0.0	1.5	0.0	0.0	0.0	0.0
ALL	82	7.2	12.7	0.0	2.2	0.0	2.9
ALL	83	0.0	0.0	0.7	0.0	0.0	0.0
ALL	84	0.0	1.5	1.5	0.0	0.0	0.0
ALL	85	0.0	4.0	0.0	0.0	0.0	0.7
ALL	87	0.0	20.4	0.0	1.3	0.0	8.8
ALL	88	0.0	31.4	1.3	1.3	0.0	7.5
ALL	89	0.0	104.8	4.9	6.8	1.3	34.5
ALL	90	0.0	9.2	0.0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	91	1.5	1.5	1.5	0.0	1.5	0.0
ALL	92	10.9	13.1	6.8	3.5	3.3	1.3
ALL	94	1.5	4.8	1.5	1.5	0.0	0.0
ALL	95	1.3	0.7	0.0	0.0	0.0	0.0
ALL	96	96.4	193.0	15.8	5.9	9.9	20.8
ALL	97	19.3	27.8	8.6	3.1	5.5	3.1
ALL	99	46.7	45.1	26.9	9.6	17.3	0.0
ALL	100	3.3	8.3	1.3	0.0	1.3	0.7
ALL	101	25.4	22.8	10.5	7.2	3.3	2.9
ALL	102	1.5	2.8	0.0	0.0	0.0	1.5
ALL	104	0.0	3.1	0.0	0.0	0.0	0.0
ALL	105	3.1	9.2	0.0	0.0	0.0	0.0
ALL	106	4.6	13.8	0.0	0.0	0.0	0.0
ALL	107	4.1	16.4	1.3	0.0	1.3	0.0
ALL	108	1.3	9.0	1.3	1.3	0.0	0.0
ALL	109	4.6	7.6	3.1	1.5	1.5	0.0
ALL	110	30.5	53.0	3.9	3.9	0.0	1.5
ALL	111	2.8	6.6	0.0	0.0	0.0	0.0
ALL	112	7.6	13.1	4.6	1.5	3.1	0.0
ALL	113	7.2	13.6	1.5	1.5	0.0	0.0
ALL	114	0.7	0.7	0.0	0.0	0.0	0.0
ALL	115	0.0	2.8	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	91	0.0	0.0	0.0	0.0	0.0	0.0
ALL	92	0.0	2.8	0.0	0.0	0.0	0.0
ALL	94	0.0	0.0	0.0	0.0	0.0	0.0
ALL	95	0.0	0.0	0.0	0.7	0.0	0.7
ALL	96	0.0	46.1	2.2	1.3	0.0	10.1
ALL	97	0.0	7.6	0.0	0.0	0.0	0.0
ALL	99	0.0	16.4	1.3	0.0	0.0	2.0
ALL	100	0.0	1.3	0.0	0.0	0.0	0.0
ALL	101	3.1	9.0	0.0	0.0	0.0	0.0
ALL	102	0.0	0.0	0.0	0.0	0.0	0.0
ALL	104	0.0	0.0	0.0	0.0	0.0	0.0
ALL	105	1.5	1.5	0.0	0.0	0.0	0.0
ALL	106	0.0	4.6	0.0	0.0	0.0	0.0
ALL	107	1.5	1.3	0.0	0.0	0.0	0.0
ALL	108	0.0	0.0	0.0	0.0	0.0	0.0
ALL	109	0.0	1.5	0.0	0.0	0.0	0.0
ALL	110	3.1	19.0	0.0	0.0	0.0	3.1
ALL	111	1.3	1.5	0.0	0.0	0.0	0.0
ALL	112	0.0	3.1	0.0	0.0	0.0	0.0
ALL	113	1.5	4.1	0.0	0.0	0.0	0.0
ALL	114	0.0	0.7	0.0	0.0	0.0	0.0
ALL	115	0.0	0.0	0.0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	116	8.3	18.9	0.0	0.0	0.0	0.0
ALL	117	4.4	9.2	0.0	0.0	0.0	0.0
ALL	118	2.8	8.7	0.0	0.0	0.0	0.0
ALL	120	5.2	5.2	1.3	1.3	0.0	0.0
ALL	121	28.5	82.5	15.4	13.8	1.5	0.0
ALL	122	41.2	121.4	21.2	9.0	12.3	0.7
ALL	123	15.2	63.4	4.8	4.8	0.0	0.0
ALL	124	10.2	26.0	7.2	5.9	1.3	0.0
ALL	125	7.2	48.6	0.0	0.0	0.0	0.0
ALL	126	1.3	1.3	1.3	1.3	0.0	0.0
ALL	127	267.0	447.6	57.8	37.7	20.1	19.3
ALL	128	19.4	39.1	4.4	0.0	4.4	3.1
ALL	129	8.6	15.1	6.6	6.6	0.0	0.0
ALL	130	49.8	73.2	17.1	14.9	2.2	8.1
ALL	131	9.8	19.7	5.0	2.8	2.2	2.0
ALL	132	61.4	44.3	37.3	27.2	10.0	3.3
ALL	133	2.0	1.3	0.7	0.7	0.0	0.0
ALL	134	34.9	39.7	8.8	2.0	6.8	6.6
ALL	135	13.1	11.1	3.7	2.2	1.5	1.5
ALL	136	2.8	2.8	1.5	0.0	1.5	0.0
ALL	138	83.2	192.9	22.3	14.0	8.3	5.9
ALL	139	9.2	23.0	3.5	0.7	2.8	1.5

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	116	0.0	8.3	0.0	0.0	0.0	0.0
ALL	117	0.0	4.4	0.0	0.0	0.0	0.0
ALL	118	1.5	1.3	0.0	0.0	0.0	0.0
ALL	120	0.0	3.9	0.0	0.0	0.0	0.0
ALL	121	0.0	9.6	1.5	0.0	0.0	2.0
ALL	122	0.0	11.8	1.3	2.0	0.0	4.2
ALL	123	0.0	0.0	0.0	0.0	0.0	10.4
ALL	124	0.0	3.1	0.0	0.0	0.0	0.0
ALL	125	2.8	4.4	0.0	0.0	0.0	0.0
ALL	126	0.0	0.0	0.0	0.0	0.0	0.0
ALL	127	0.0	151.5	2.7	3.3	1.3	31.2
ALL	128	0.0	7.4	0.0	2.0	0.0	2.6
ALL	129	0.0	0.0	0.0	0.0	0.0	2.0
ALL	130	0.0	18.8	1.3	0.0	0.0	4.6
ALL	131	1.3	1.5	0.0	0.0	0.0	0.0
ALL	132	0.0	14.9	1.3	0.7	0.0	4.0
ALL	133	0.0	1.3	0.0	0.0	0.0	0.0
ALL	134	0.0	15.3	0.0	0.0	0.0	4.2
ALL	135	0.0	5.3	0.0	1.3	0.0	1.3
ALL	136	0.0	1.3	0.0	0.0	0.0	0.0
ALL	138	0.0	41.6	0.0	2.2	1.5	9.6
ALL	139	0.0	3.5	0.0	0.0	0.0	0.7

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	140	169.8	295.7	46.7	25.1	21.6	7.5
ALL	141	65.1	91.0	14.1	2.0	12.0	6.8
ALL	142	9.0	12.0	2.6	0.0	2.6	0.0
ALL	143	35.8	62.3	12.7	0.0	12.7	2.2
ALL	144	33.4	43.8	12.8	12.8	0.0	1.3
ALL	145	9.4	12.3	7.2	3.9	3.3	0.0
ALL	146	8.6	13.6	0.7	0.7	0.0	0.0
ALL	148	28.9	65.6	1.5	0.0	1.5	0.0
ALL	149	7.4	6.6	1.5	0.0	1.5	0.0
ALL	150	6.6	11.1	3.7	1.5	2.2	0.0
ALL	151	0.0	1.5	0.0	0.0	0.0	0.0
ALL	152	11.5	9.0	3.3	2.6	0.7	1.5
ALL	153	1.5	3.1	0.0	0.0	0.0	0.0
ALL	154	37.8	51.2	10.6	10.6	0.0	1.3
ALL	155	4.4	4.1	1.5	1.5	0.0	1.5
ALL	157	15.5	31.0	4.4	0.0	4.4	8.9
ALL	158	9.2	11.8	3.7	0.0	3.7	2.9
ALL	159	13.8	17.8	2.9	2.9	0.0	0.0
ALL	160	2.8	8.7	0.0	0.0	0.0	0.0
ALL	161	33.1	73.5	4.2	0.0	4.2	1.3
ALL	162	10.3	20.2	3.9	0.0	3.9	0.0
ALL	164	0.0	2.6	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	140	0.0	96.7	1.3	2.0	1.3	14.3
ALL	141	0.0	34.3	0.0	2.0	0.0	8.0
ALL	142	0.0	6.4	0.0	0.0	0.0	0.0
ALL	143	0.0	15.9	0.0	1.5	0.0	3.5
ALL	144	0.0	11.1	0.7	1.5	0.0	5.9
ALL	145	0.0	0.7	0.0	0.0	0.0	1.5
ALL	146	0.7	5.0	0.0	0.0	0.0	2.2
ALL	148	5.3	18.6	0.0	0.7	0.0	2.9
ALL	149	3.1	2.8	0.0	0.0	0.0	0.0
ALL	150	0.0	2.2	0.0	0.0	0.0	0.7
ALL	151	0.0	0.0	0.0	0.0	0.0	0.0
ALL	152	1.3	4.1	0.0	0.0	0.0	1.3
ALL	153	0.0	1.5	0.0	0.0	0.0	0.0
ALL	154	1.3	20.5	0.0	0.0	2.6	1.5
ALL	155	1.3	0.0	0.0	0.0	0.0	0.0
ALL	157	2.2	0.0	0.0	0.0	0.0	0.0
ALL	158	1.3	1.3	0.0	0.0	0.0	0.0
ALL	159	1.5	9.4	0.0	0.0	0.0	0.0
ALL	160	0.0	2.8	0.0	0.0	0.0	0.0
ALL	161	4.6	21.5	0.0	1.5	0.0	0.0
ALL	162	0.7	5.7	0.0	0.0	0.0	0.0
ALL	164	0.0	0.0	0.0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	166	7.6	5.3	0.0	0.0	0.0	0.0
ALL	167	2.6	2.6	1.3	1.3	0.0	0.0
ALL	168	2.6	6.6	1.3	1.3	0.0	0.7
ALL	170	7.4	14.4	4.2	4.2	0.0	0.0
ALL	172	36.6	45.1	15.8	13.6	2.2	2.9
ALL	173	2.0	3.5	0.0	0.0	0.0	2.0
ALL	174	99.9	136.8	22.1	14.9	7.2	13.3
ALL	175	17.6	16.3	8.7	1.3	7.4	4.1
ALL	176	4.8	6.8	2.2	2.2	0.0	1.3
ALL	177	16.4	21.2	7.0	1.5	5.5	5.7
ALL	178	2.0	4.2	0.0	0.0	0.0	2.0
ALL	179	5.2	7.0	2.0	2.0	0.0	1.3
ALL	180	42.8	57.5	13.4	11.4	2.0	10.0
ALL	181	5.5	10.2	2.0	0.0	2.0	1.3
ALL	182	198.2	258.9	40.6	7.0	33.6	47.8
ALL	183	32.3	39.1	8.1	0.0	8.1	10.5
ALL	184	1.3	1.3	0.0	0.0	0.0	0.0
ALL	187	0.0	1.3	0.0	0.0	0.0	0.0
ALL	188	26.9	37.0	9.6	3.9	5.7	4.2
ALL	189	6.7	4.8	2.6	0.0	2.6	2.8
ALL	192	0.0	0.7	0.0	0.0	0.0	0.0
ALL	193	3.5	8.3	1.3	1.3	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	166	0.0	3.1	0.0	0.0	1.5	3.1
ALL	167	0.0	1.3	0.0	0.0	0.0	0.0
ALL	168	0.0	0.0	0.0	0.0	0.0	0.7
ALL	170	0.0	2.0	0.0	0.0	0.0	1.3
ALL	172	0.0	12.5	0.0	0.7	0.0	4.8
ALL	173	0.0	0.0	0.0	0.0	0.0	0.0
ALL	174	0.0	50.3	0.7	1.3	0.7	11.6
ALL	175	0.0	2.6	0.0	0.0	0.0	2.2
ALL	176	0.0	0.7	0.0	0.0	0.0	0.7
ALL	177	0.0	3.1	0.0	0.0	0.0	0.7
ALL	178	0.0	0.0	0.0	0.0	0.0	0.0
ALL	179	0.0	2.0	0.0	0.0	0.0	0.0
ALL	180	0.0	10.9	0.0	2.0	0.0	6.5
ALL	181	0.0	2.2	0.0	0.0	0.0	0.0
ALL	182	1.3	84.7	0.7	3.5	0.0	19.6
ALL	183	0.0	11.6	0.0	0.0	0.0	2.2
ALL	184	0.0	1.3	0.0	0.0	0.0	0.0
ALL	187	0.0	0.0	0.0	0.0	0.0	0.0
ALL	188	0.0	11.8	0.0	0.7	0.0	0.7
ALL	189	0.0	0.0	0.0	0.0	0.0	1.3
ALL	192	0.0	0.0	0.0	0.0	0.0	0.0
ALL	193	1.5	0.7	0.0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	194	1.3	1.3	0.0	0.0	0.0	0.0
ALL	195	7.4	21.8	1.3	1.3	0.0	0.0
ALL	196	1.5	2.9	0.0	0.0	0.0	0.0
ALL	197	18.2	40.2	4.6	2.6	2.0	0.0
ALL	198	5.2	14.6	0.0	0.0	0.0	0.0
ALL	199	3.9	3.3	1.3	1.3	0.0	0.0
ALL	200	1.5	1.5	1.5	1.5	0.0	0.0
ALL	201	0.0	3.1	0.0	0.0	0.0	0.0
ALL	202	17.8	16.9	5.5	3.9	1.5	5.3
ALL	203	8.8	25.6	3.1	3.1	0.0	0.0
ALL	204	13.1	26.7	0.7	0.0	0.7	2.2
ALL	205	20.6	20.1	6.1	3.5	2.6	4.1
ALL	206	1.5	2.2	1.5	1.5	0.0	0.0
ALL	207	29.7	38.9	6.8	3.3	3.5	5.9
ALL	208	7.4	5.5	2.0	2.0	0.0	2.2
ALL	209	93.7	119.9	0.0	0.0	0.0	0.0
ALL	210	70.6	96.7	4.6	4.6	0.0	0.0
ALL	211	3.1	3.1	1.5	0.0	1.5	0.0
ALL	213	1.5	2.8	0.0	0.0	0.0	0.0
ALL	214	20.0	27.9	2.6	0.0	2.6	0.0
ALL	215	15.1	16.6	2.8	0.0	2.8	0.0
ALL	216	0.0	3.1	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	194	0.0	1.3	0.0	0.0	0.0	0.0
ALL	195	0.0	6.1	0.0	0.0	0.0	0.0
ALL	196	0.0	1.5	0.0	0.0	0.0	0.0
ALL	197	1.3	11.0	0.7	0.0	0.0	0.7
ALL	198	1.3	3.9	0.0	0.0	0.0	0.0
ALL	199	0.0	2.6	0.0	0.0	0.0	0.0
ALL	200	0.0	0.0	0.0	0.0	0.0	0.0
ALL	201	0.0	0.0	0.0	0.0	0.0	0.0
ALL	202	0.0	7.0	0.0	0.0	0.0	0.0
ALL	203	0.0	5.7	0.0	0.0	0.0	0.0
ALL	204	0.0	8.9	0.0	0.0	0.0	1.3
ALL	205	0.0	9.0	0.7	0.0	0.0	0.7
ALL	206	0.0	0.0	0.0	0.0	0.0	0.0
ALL	207	0.0	14.2	0.0	0.0	0.0	2.8
ALL	208	0.0	2.0	0.0	0.0	0.0	1.3
ALL	209	11.8	76.4	0.0	0.0	0.0	5.5
ALL	210	2.8	57.9	1.3	0.0	2.6	1.3
ALL	211	0.0	1.5	0.0	0.0	0.0	0.0
ALL	213	0.0	1.5	0.0	0.0	0.0	0.0
ALL	214	2.8	14.6	0.0	0.0	0.0	0.0
ALL	215	1.5	10.7	0.0	0.0	0.0	0.0
ALL	216	0.0	0.0	0.0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	217	0.0	4.1	0.0	0.0	0.0	0.0
ALL	218	7.8	13.5	0.0	0.0	0.0	0.0
ALL	219	5.7	7.0	1.3	1.3	0.0	0.0
ALL	221	3.7	10.7	0.7	0.7	0.0	1.5
ALL	222	1.5	4.4	0.0	0.0	0.0	1.5
ALL	223	4.4	8.7	0.0	0.0	0.0	0.0
ALL	224	1.3	1.3	0.0	0.0	0.0	0.0
ALL	225	24.3	33.6	0.7	0.0	0.7	3.7
ALL	226	2.8	4.4	2.8	1.3	1.5	0.0
ALL	227	1.5	1.5	0.0	0.0	0.0	1.5
ALL	228	0.7	0.7	0.7	0.0	0.7	0.0
ALL	229	4.6	6.1	1.5	0.0	1.5	0.0
ALL	230	1.3	2.6	0.0	0.0	0.0	1.3
ALL	231	12.4	11.1	5.9	2.8	3.1	2.6
ALL	233	1.3	1.3	0.0	0.0	0.0	1.3
ALL	234	2.0	2.0	1.3	0.7	0.7	0.7
ALL	235	2.7	3.3	0.7	0.7	0.0	0.7
ALL	236	34.7	43.0	4.2	3.5	0.7	2.9
ALL	237	2.6	3.9	0.0	0.0	0.0	1.3
ALL	238	1.3	0.7	0.7	0.7	0.0	0.0
ALL	239	53.0	57.1	17.2	10.9	6.3	17.5
ALL	240	22.2	18.0	7.7	7.7	0.0	10.1

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
ALL	217	0.0	0.0	0.0	0.0	0.0	0.0
ALL	218	0.0	7.8	0.0	0.0	0.0	0.0
ALL	219	0.0	4.4	0.0	0.0	0.0	0.0
ALL	221	0.0	1.5	0.0	0.0	0.0	0.0
ALL	222	0.0	0.0	0.0	0.0	0.0	0.0
ALL	223	0.0	4.4	0.0	0.0	0.0	0.0
ALL	224	0.0	1.3	0.0	0.0	0.0	0.0
ALL	225	0.0	17.7	0.0	0.0	0.0	2.2
ALL	226	0.0	0.0	0.0	0.0	0.0	0.0
ALL	227	0.0	0.0	0.0	0.0	0.0	0.0
ALL	228	0.0	0.0	0.0	0.0	0.0	0.0
ALL	229	0.0	3.1	0.0	0.0	0.0	0.0
ALL	230	0.0	0.0	0.0	0.0	0.0	0.0
ALL	231	0.7	3.3	0.0	0.0	0.0	0.0
ALL	233	0.0	0.0	0.0	0.0	0.0	0.0
ALL	234	0.0	0.0	0.0	0.0	0.0	0.0
ALL	235	0.0	1.3	0.0	0.0	0.0	0.0
ALL	236	0.0	23.0	0.7	2.0	0.0	2.0
ALL	237	0.0	1.3	0.0	0.0	0.0	0.0
ALL	238	0.0	0.7	0.0	0.0	0.0	0.0
ALL	239	1.3	14.2	0.0	0.0	0.0	2.8
ALL	240	0.0	4.4	0.0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRC	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	241	4.8	4.2	1.3	0.0	1.3	3.5
ALL	242	4.1	2.8	1.3	1.3	0.0	0.0
ALL	243	121.5	128.9	13.3	3.5	9.8	32.6
ALL	244	20.8	20.6	3.3	1.3	2.0	8.5
ALL	245	4.4	4.4	2.2	0.0	2.2	2.2
ALL	246	6.6	4.6	2.0	0.0	2.0	3.3
ALL	247	9.8	9.8	2.2	0.0	2.2	4.8
ALL	248	12.2	10.9	2.6	0.0	2.6	3.3
ALL	249	0.0	1.5	0.0	0.0	0.0	0.0
ALL	250	10.1	15.2	1.5	0.0	1.5	2.9
ALL	251	1.3	1.3	0.0	0.0	0.0	0.0
ALL	253	24.1	22.1	4.8	0.7	4.2	3.7
ALL	254	1.3	2.6	0.0	0.0	0.0	0.0
ALL	256	5.5	11.2	0.0	0.0	0.0	2.6
ALL	257	9.9	26.0	1.5	0.0	1.5	0.0
ALL	258	0.0	0.7	0.0	0.0	0.0	0.0
ALL	259	1.3	2.0	0.7	0.0	0.7	0.0
ALL	261	4.6	4.4	1.5	1.5	0.0	3.1
ALL	262	5.5	12.7	1.3	0.0	1.3	2.6
ALL	263	5.0	6.6	0.0	0.0	0.0	0.0
ALL	264	4.4	4.4	2.8	0.0	2.8	1.5
ALL	265	3.7	3.7	0.7	0.7	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	241	0.0	0.0	0.0	0.0	0.0	0.0
ALL	242	0.0	2.8	0.0	0.0	0.0	0.0
ALL	243	0.7	61.6	1.3	1.3	1.5	9.2
ALL	244	0.0	7.7	0.7	0.0	0.0	0.7
ALL	245	0.0	0.0	0.0	0.0	0.0	0.0
ALL	246	0.0	1.3	0.0	0.0	0.0	0.0
ALL	247	1.5	0.0	0.0	0.0	0.0	1.3
ALL	248	0.0	6.3	0.0	0.0	0.0	0.0
ALL	249	0.0	0.0	0.0	0.0	0.0	0.0
ALL	250	0.0	5.7	0.0	0.0	0.0	0.0
ALL	251	0.0	1.3	0.0	0.0	0.0	0.0
ALL	253	0.7	9.0	1.3	1.3	0.0	3.3
ALL	254	0.0	1.3	0.0	0.0	0.0	0.0
ALL	256	0.0	2.9	0.0	0.0	0.0	0.0
ALL	257	2.0	6.4	0.0	0.0	0.0	0.0
ALL	258	0.0	0.0	0.0	0.0	0.0	0.0
ALL	259	0.0	0.7	0.0	0.0	0.0	0.0
ALL	261	0.0	0.0	0.0	0.0	0.0	0.0
ALL	262	0.0	1.5	0.0	0.0	0.0	0.0
ALL	263	1.5	3.5	0.0	0.0	0.0	0.0
ALL	264	0.0	0.0	0.0	0.0	0.0	0.0
ALL	265	0.0	3.1	0.0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	266	4.4	7.0	0.0	0.0	0.0	2.8
ALL	267	0.7	0.7	0.0	0.0	0.0	0.7
ALL	268	1.3	2.8	0.0	0.0	0.0	1.3
ALL	269	9.4	9.2	4.4	0.0	4.4	1.5
ALL	270	2.8	4.4	1.5	0.0	1.5	1.3
ALL	271	23.1	19.9	10.9	8.1	2.8	4.1
ALL	272	6.6	14.2	2.8	2.8	0.0	1.5
ALL	273	0.0	1.5	0.0	0.0	0.0	0.0
ALL	274	0.7	1.3	0.7	0.7	0.0	0.0
ALL	275	1.3	0.7	0.7	0.0	0.7	0.0
ALL	277	17.3	41.7	6.1	4.8	1.3	1.3
ALL	278	0.7	1.3	0.7	0.0	0.7	0.0
ALL	280	22.8	19.5	5.3	0.0	5.3	5.3
ALL	281	2.6	7.8	0.7	0.0	0.7	0.0
ALL	283	7.9	9.2	0.7	0.0	0.7	2.9
ALL	285	8.5	8.3	1.5	1.5	0.0	0.0
ALL	286	1.5	2.8	0.0	0.0	0.0	0.0
ALL	287	2.6	3.3	1.3	1.3	0.0	0.0
ALL	289	2.6	2.8	1.3	0.0	1.3	0.0
ALL	290	6.7	10.0	0.0	0.0	0.0	0.0
ALL	292	2.2	2.2	0.0	0.0	0.0	0.0
ALL	294	92.4	127.9	19.4	7.8	11.6	24.2

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	266	0.0	1.5	0.0	0.0	0.0	0.0
ALL	267	0.0	0.0	0.0	0.0	0.0	0.0
ALL	268	0.0	0.0	0.0	0.0	0.0	0.0
ALL	269	0.0	2.0	0.0	0.0	0.0	1.5
ALL	270	0.0	0.0	0.0	0.0	0.0	0.0
ALL	271	0.0	6.1	0.0	0.7	0.0	1.3
ALL	272	0.0	2.2	0.0	0.0	0.0	0.0
ALL	273	0.0	0.0	0.0	0.0	0.0	0.0
ALL	274	0.0	0.0	0.0	0.0	0.0	0.0
ALL	275	0.0	0.0	0.0	0.0	0.0	0.7
ALL	277	0.0	5.9	0.0	2.0	0.0	2.0
ALL	278	0.0	0.0	0.0	0.0	0.0	0.0
ALL	280	0.0	10.3	0.0	0.0	0.0	2.0
ALL	281	0.0	2.0	0.0	0.0	0.0	0.0
ALL	283	0.0	2.8	0.0	0.0	0.0	1.5
ALL	285	1.5	4.1	0.0	0.0	0.0	1.3
ALL	286	0.0	1.5	0.0	0.0	0.0	0.0
ALL	287	0.0	1.3	0.0	0.0	0.0	0.0
ALL	289	0.0	1.3	0.0	0.0	0.0	0.0
ALL	290	0.0	6.7	0.0	0.0	0.0	0.0
ALL	292	0.0	2.2	0.0	0.0	0.0	0.0
ALL	294	0.0	43.5	0.7	0.0	0.0	4.6

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	295	3.5	6.1	0.0	0.0	0.0	0.0
ALL	296	131.4	189.0	36.5	28.1	8.3	12.3
ALL	297	8.1	9.4	4.8	1.3	3.5	0.0
ALL	299	1.5	1.5	1.5	1.5	0.0	0.0
ALL	300	7.0	9.8	2.0	2.0	0.0	2.0
ALL	301	0.0	1.5	0.0	0.0	0.0	0.0
ALL	302	0.0	3.1	0.0	0.0	0.0	0.0
ALL	303	5.9	13.3	0.0	0.0	0.0	0.0
ALL	304	9.2	11.8	2.0	2.0	0.0	1.3
ALL	306	18.0	32.6	9.0	9.0	0.0	1.3
ALL	307	1.5	4.4	1.5	0.0	1.5	0.0
ALL	308	11.0	17.1	5.9	4.6	1.3	0.7
ALL	309	3.1	2.8	1.5	1.5	0.0	1.5
ALL	310	11.8	39.0	2.0	0.0	2.0	4.4
ALL	311	6.1	6.1	3.1	0.0	3.1	3.1
ALL	312	2.2	7.9	1.5	1.5	0.0	0.0
ALL	313	1.3	2.8	0.0	0.0	0.0	1.3
ALL	315	3.9	13.3	2.0	1.3	0.7	0.0
ALL	316	18.0	33.7	8.8	7.5	1.3	0.7
ALL	318	11.3	10.0	5.9	4.6	1.3	1.3
ALL	320	71.0	113.2	21.0	6.5	14.4	9.9
ALL	321	4.8	8.3	0.7	0.0	0.7	2.6

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISGHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	295	0.0	3.5	0.0	0.0	0.0	0.0
ALL	296	0.0	64.4	0.0	3.3	1.3	13.6
ALL	297	0.0	0.7	0.0	1.3	0.0	1.3
ALL	299	0.0	0.0	0.0	0.0	0.0	0.0
ALL	300	1.5	1.5	0.0	0.0	0.0	0.0
ALL	301	0.0	0.0	0.0	0.0	0.0	0.0
ALL	302	0.0	0.0	0.0	0.0	0.0	0.0
ALL	303	3.1	1.3	0.0	0.0	1.5	0.0
ALL	304	0.0	5.9	0.0	0.0	0.0	0.0
ALL	306	4.6	3.1	0.0	0.0	0.0	0.0
ALL	307	0.0	0.0	0.0	0.0	0.0	0.0
ALL	308	1.5	1.3	0.0	0.0	0.0	1.5
ALL	309	0.0	0.0	0.0	0.0	0.0	0.0
ALL	310	1.3	3.5	0.0	0.0	0.0	0.7
ALL	311	0.0	0.0	0.0	0.0	0.0	0.0
ALL	312	0.0	0.7	0.0	0.0	0.0	0.0
ALL	313	0.0	0.0	0.0	0.0	0.0	0.0
ALL	315	0.0	2.0	0.0	0.0	0.0	0.0
ALL	316	1.3	3.3	0.0	0.7	0.0	3.3
ALL	318	0.0	4.1	0.0	0.0	0.0	0.0
ALL	320	0.0	24.7	0.7	4.6	0.0	10.2
ALL	321	0.0	1.5	0.0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	323	14.4	24.1	2.8	0.0	2.8	4.1
ALL	324	2.6	11.3	0.7	0.0	0.7	2.0
ALL	325	20.6	27.1	5.3	1.5	3.7	7.5
ALL	326	1.3	1.3	0.0	0.0	0.0	1.3
ALL	328	2.6	4.8	1.3	0.0	1.3	0.0
ALL	331	22.0	22.7	7.7	3.5	4.2	2.8
ALL	332	1.5	3.1	1.5	0.0	1.5	0.0
ALL	334	4.1	7.0	2.8	2.8	0.0	0.0
ALL	335	0.0	3.1	0.0	0.0	0.0	0.0
ALL	336	65.0	129.6	5.7	2.9	2.8	1 3
ALL	337	9.2	21.8	2.6	0.0	2.6	0.0
ALL	338	4.4	12.2	0.0	0.0	0.0	0.0
ALL	339	2.8	9 8	0.0	0.0	0.0	1.3
ALL	341	1.3	1.3	0.0	0.0	0.0	0.0
ALL	342	3.1	4.6	0.0	0.0	0.0	1.5
ALL	344	0.0	3.1	0.0	0.0	0.0	0 0
ALL	345	3.1	3.1	1.5	0.0	1.5	0.0
ALL	346	5.0	13.8	1.3	1.3	0.0	2.2
ALL	348	11.4	12.7	2.9	1.3	1.5	7.0
ALL	349	5.4	7.0	2.6	0.0	2.6	2.8
ALL	350	4.6	11.2	1.3	1.3	0.0	1.3
ALL	353	0.0	3.7	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	323	0.0	4.2	0.7	0.0	0	2.6
ALL	324	0.0	0.0	0.0	0.0	0	0.0
ALL	325	0.0	7.2	0.0	0.0	0	0.7
ALL	326	0.0	0.0	0.0	0.0	0	0.0
ALL	328	0.0	0.0	0.0	0.0	0	1.3
ALL	331	0.0	10.0	0.0	0.0	0	1.5
ALL	332	0.0	0.0	0.0	0.0	0	0.0
ALL	334	0.0	1.3	0.0	0.0	0	0.0
ALL	335	0.0	0.0	0.0	0.0	0	0.0
ALL	336	20.0	33.6	0.0	0.0	0	4.4
ALL	337	0.0	6.6	0.0	0.0	0	0.0
ALL	338	1.5	2.8	0.0	0.0	0	0.0
ALL	339	0.0	1.5	0.0	0.0	0	0.0
ALL	341	0.0	1.3	0.0	0.0	0	0.0
ALL	342	0.0	1.5	0.0	0.0	0	0.0
ALL	344	0 0	0.0	0.0	0.0	0	0.0
ALL	345	0.0	1.5	0.0	0.0	0	0.0
ALL	346	0.0	1.5	0 0	0.0	0	0.0
ALL	348	0 0	1.5	0.0	0 0	0	0.0
ALL	349	0.0	0.0	0.0	0.0	0	0.0
ALL	350	1.3	0.7	0.0	0.0	0	0.0
ALL	353	0.0	0.0	0.0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	354	19.9	28.0	2.8	2.8	0.0	0.0
ALL	355	2.6	6.1	0.7	0.0	0.7	0.0
ALL	356	7 6	20.3	0.0	0.0	0.0	0.0
ALL	357	0.0	1.3	0.0	0.0	0.0	0.0
ALL	358	2.8	4.1	0.0	0.0	0.0	1.5
ALL	360	0.0	4.1	0.0	0.0	0.0	0.0
ALL	363	3.1	5.7	0.0	0.0	0.0	3.1
ALL	364	5.3	11.8	1.5	0.0	1.5	2.2
ALL	366	3.7	3.7	2.2	2.2	0.0	1.5
ALL	367	3.1	1.5	1.5	0.0	1.5	0.0
ALL	368	4.6	2.0	1.3	1.3	0.0	2.0
ALL	369	4 6	4.8	1.3	0.0	1.3	0.7
ALL	389	2.6	1.3	1.3	0.0	1.3	1.3
ALL	392	5.4	5.4	1.3	0.0	1.3	0.0
ALL	395	43.4	75.7	7.8	2.0	5.9	10.2
ALL	397	1.5	5.4	1.5	1.5	0.0	0 0
ALL	398	1.5	9.8	0.0	0.0	0.0	0.0
ALL	400	3.1	4.6	1.5	1.5	0.0	0.0
ALL	401	2.6	1.3	0.0	0.0	0.0	1.3
ALL	402	0.0	1.5	0.0	0.0	0.0	0.0
ALL	403	28.8	37.1	7.7	7.7	0.0	5.7
ALL	404	4.1	5.4	4.1	4.1	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	354	2.8	14.2	0.0	0.0	0	0.0
ALL	355	0.7	1.3	0.0	0.0	0	0.0
ALL	356	0.0	7.6	0.0	0.0	0	0.0
ALL	357	0 0	0.0	0.0	0.0	0	0.0
ALL	358	0.0	1.3	0.0	0.0	0	0.0
ALL	360	0.0	0.0	0.0	0.0	0	0.0
ALL	363	0.0	0.0	0.0	0 0	0	0 0
ALL	364	0.0	1.5	0.0	0.0	0	0 0
ALL	366	0.0	0.0	0.0	0.0	0	0.0
ALL	367	0.0	1.5	0.0	0.0	0	0.0
ALL	368	0.0	0.0	0.0	0.0	0	1.3
ALL	369	0.0	2 6	0.0	0.0	0	0.0
ALL	389	0.0	0.0	0.0	0.0	0	0.0
ALL	392	0.0	4.1	0.0	0.0	0	0.0
ALL	395	0.0	19.6	1.5	0.0	0	4.2
ALL	397	0.0	0 0	0.0	0.0	0	0.0
ALL	398	0.0	1.5	0.0	0.0	0	0.0
ALL	400	1.5	0.0	0.0	0.0	0	0.0
ALL	401	0.0	0.0	1.3	0.0	0	0.0
ALL	402	0.0	0.0	0.0	0.0	0	0.0
ALL	403	2 8	7.2	0.0	0.0	0	5 4
ALL	404	0.0	0 0	0 0	0 0	0	0 0

THE HEALTH OATA INSTITUTE
NATIONAL ORG VALIOATION STUOY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI ORC ANO BEOSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRC	EVENTS	GASES	DRC GHANGES	CHANGES TO LOWER WEIGHT	GHANCES TO HICHER WEICHT	INAPPROPRIATE AOMISSIONS
ALL	468	55.4	86.6	22.I	18.6	3.5	2.6
<100	TOTAL	1194.7	1522.4	359.9	230.8	129.1	191.3
100-299	TOTAL	2019.9	3105.9	573.6	342.1	231.5	313.5
300+	TOTAL	2205.1	3648.7	604.0	348.7	255.4	325.7
<100	5	0.7	1.3	0.0	0.0	0 0	0.0
<100	10	3.3	3.3	0.7	0.7	0.0	0.7
<100	12	4.0	4.7	2.0	1.3	0.7	0.7
<100	14	45.5	52.2	16.1	14.0	2.0	1.3
<100	15	25.4	28.8	4.0	1.3	2.7	3.3
<100	16	4.7	2.7	2.7	0.7	2.0	0.0
<100	17	6.7	4.0	2.7	2.0	0.7	2.0
<100	18	2.0	2.0	0.0	0.0	0.0	2.0
<100	20	1.3	1.3	0.7	0.7	0.0	0.0
<100	22	8.7	10.7	2.7	2.0	0.7	1.3
<100	23	0.7	0.7	0.7	0.7	0.0	0.0
<100	24	8.7	12.7	0.0	0.0	0.0	2.7
<100	27	0.7	0.7	0 0	0.0	0.0	0.0
<100	28	2.0	2.0	0 0	0.0	0.0	0.0
<100	31	0.7	2.0	0.0	0.0	0.0	0.0
<100	32	0.7	1.3	0.0	0.0	0.0	0.0
<100	38	0.0	0.7	0.0	0.0	0.0	0 0
<100	39	3.3	3.3	0.0	0.0	0.0	2.7

HOSPITAL SIZE GLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE OISGHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
ALL	468	1.3	22.7	0.0	1.3	1.3	4.1
<100	TOTAL	6.0	405.4	26.8	31.4	0.7	I73.2
100-299	TOTAL	52.0	880.5	6.5	23.4	11.7	158.7
300+	TOTAL	93 3	1027.6	7.6	13.8	6.1	126.9
<100	5	0.0	0.7	0.0	0.0	0.0	0.0
<100	10	0.0	2.0	0.0	0.0	0.0	0.0
<100	12	0.0	1.3	0.0	0.0	0.0	0.0
<100	14	0.0	12.7	3.3	0.7	0.0	11.4
<100	15	0.0	10.7	0.7	0.7	0.0	6.0
<100	16	0.0	2.0	0.0	0.0	0.0	0.0
<100	17	0.0	1.3	0.0	0.0	0.0	0.7
<100	18	0.0	0.0	0.0	0 0	0.0	0.0
<100	20	0.0	0.7	0.0	0 0	0.0	0.0
<100	22	0.0	3.3	0 0	0 0	0.0	1.3
<100	23	0.0	0 0	0.0	0 0	0.0	0.0
<100	24	0.0	3.3	0.0	0.0	0.0	2.7
<100	27	0.0	0.0	0.0	0.0	0.0	0.7
<100	28	0.0	1.3	0.0	0.0	0.0	0.7
<100	31	0.0	0.0	0.0	0 0	0.0	0.7
<100	32	0.0	0.7	0 0	0.0	0.0	0.0
<100	38	0.0	0.0	0.0	0.0	0.0	0.0
<100	39	0.0	0 0	0.0	0.0	0.0	0.7

THE HEALTH OATA INSTITUTE
NATIONAL ORC VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRC AND BEDSIZE CLASS
GASE-WEIGHTEO NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRC	EVENTS	GASES	DRC GHANCES	CHANCES TO LOWER WEICHT	GHANCES TO HICHER WEICHT	INAPPROPRIATE ADMISSIONS
<100	43	0.7	0 7	0.0	0.0	0.0	0.0
<100	46	1.3	0.7	0.7	0.0	0.7	0.7
<100	47	0.7	0.7	0.0	0.0	0.0	0.0
<100	53	0.0	0.7	0.0	0.0	0.0	0.0
<100	64	0.7	0.7	0.0	0.0	0.0	0.7
<100	65	10.0	6.7	0.7	0.0	0 7	3.3
<100	66	0 7	1.3	0.0	0.0	0 0	0.7
<100	68	13.4	19 4	4 0	2.7	1 3	4.0
<100	69	1.3	2.7	0 0	0.0	0 0	0.7
<100	73	0.7	0.7	0.0	0.0	0 0	0.0
<100	78	1.3	2.7	0.0	0.0	0 0	0.0
<100	79	8.7	12.7	4.7	4.7	0.0	0.7
<100	82	8.0	9.4	2.0	1.3	0 7	2.7
<100	83	3.3	2.0	1.3	1.3	0.0	1.3
<100	84	1.3	0.7	0.7	0.0	0.7	0.7
<100	85	6.7	4.0	2.7	2.7	0.0	0.7
<100	87	31.4	26.1	18 1	I7.4	0 7	1.3
<100	88	40.8	35 :	18.7	13.4	5 4	4 7
<100	89	80.9	121	25 4	24.1	1 3	4.7
<100	90	1.3	4 0	0.0	0.0	0.0	0.7
<100	92	1.3	2.0	1.3	0.7	0.7	0.0
<100	94	0.0	0.7	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI ORC	PREMATURE ADMISSIONS	INAPPR. OOCS BEFORE DISCHARCE	INAPPROPRIATE TRANSFERS	PREMATURE OISGHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	43	0	0.7	0.0	0.0	0	0.0
<100	46	0	0.0	0.0	0.0	0	0.0
<100	47	0	0 7	0.0	0.0	0	0 0
<100	53	0	0 0	0 0	0.0	0	0.0
<100	64	0	0.0	0 0	0.0	0	0.0
<100	65	0	3.3	0.0	0.0	0	2.7
<100	66	0	0.0	0.0	0.0	0	0.0
<100	68	0	3 3	0 0	0.0	0	2.0
<100	69	0	0.7	0.0	0.0	0	0.0
<100	73	0	0.0	0.0	0.0	0	0.7
<100	78	0	I.3	0 0	0.0	0	0.0
<100	79	0	2.7	0.0	0 0	0	0.7
<100	82	0	1.3	0.0	0.7	0	1.3
<100	83	0	0.0	0 7	0.0	0	0.0
<100	84	0	0.0	0 0	0.0	0	0.0
<100	85	0	2.7	0.0	0 0	0	0.7
<100	87	0	6.0	0 0	1 3	0	4.7
<100	88	0	11 4	1 3	0.0	0	4 7
<100	89	0	31 4	3.3	2 7	0	13 4
<100	90	0	0 7	0 0	0 0	0	0.0
<100	92	0	0.0	0 0	0 0	0	0.0
<100	94	0	0.0	0 0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	95	1.3	0.7	0.0	0.0	0.0	0.0
<100	96	28.1	52.8	4.7	0.7	4.0	6.7
<100	97	3.3	4.7	2.7	0.0	2.7	0.0
<100	99	13.4	11.4	7.4	2.7	4.7	0.0
<100	100	0.7	1.3	0.0	0.0	0.0	0.7
<100	101	6.7	5.4	2.0	1.3	0.7	1.3
<100	108	1.3	1.3	1.3	1.3	0.0	0.0
<100	110	0.0	0.7	0.0	0.0	0.0	0.0
<100	111	0.0	0.7	0.0	0.0	0.0	0.0
<100	112	0.0	1.3	0.0	0.0	0.0	0.0
<100	113	0.0	2.0	0.0	0.0	0.0	0.0
<100	114	0.7	0.7	0.0	0.0	0.0	0.0
<100	116	0.0	0.7	0.0	0.0	0.0	0.0
<100	117	0.0	0.7	0.0	0.0	0.0	0.0
<100	121	8.7	17.4	5.4	5.4	0.0	0.0
<100	122	11.4	24.1	4.0	2.0	2.0	0.7
<100	123	2.0	11.4	0.7	0.7	0.0	0.0
<100	124	0.0	0.7	0.0	0.0	0.0	0.0
<100	126	1.3	1.3	1.3	1.3	0.0	0.0
<100	127	62.9	89.0	14.0	12.0	2.0	5.4
<100	128	2.7	5.4	0.0	0.0	0.0	0.0
<100	129	4.7	2.7	2.7	2.7	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	95	0.0	0.0	0.0	0.7	0	0.7
<100	96	0.0	10.0	0.7	1.3	0	4.7
<100	97	0.0	0.7	0.0	0.0	0	0.0
<100	99	0.0	4.0	1.3	0.0	0	0.7
<100	100	0.0	0.0	0.0	0.0	0	0.0
<100	101	0.0	3.3	0.0	0.0	0	0.0
<100	108	0.0	0.0	0.0	0.0	0	0.0
<100	110	0.0	0.0	0.0	0.0	0	0.0
<100	111	0.0	0.0	0.0	0.0	0	0.0
<100	112	0.0	0.0	0.0	0.0	0	0.0
<100	113	0.0	0.0	0.0	0.0	0	0.0
<100	114	0.0	0.7	0.0	0.0	0	0.0
<100	116	0.0	0.0	0.0	0.0	0	0.0
<100	117	0.0	0.0	0.0	0.0	0	0.0
<100	121	0.0	2.7	0.0	0.0	0	0.7
<100	122	0.0	0.7	1.3	2.0	0	2.7
<100	123	0.0	0.0	0.0	0.0	0	1.3
<100	124	0.0	0.0	0.0	0.0	0	0.0
<100	126	0.0	0.0	0.0	0.0	0	0.0
<100	127	0.0	26.8	2.7	2.0	0	12.0
<100	128	0.0	0.7	0.0	0.7	0	1.3
<100	129	0.0	0.0	0.0	0.0	0	2.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
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HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	130	11.4	13.4	4.7	4.0	0.7	2.7
<100	131	1.3	2.7	0.7	0.0	0.7	0.7
<100	132	22.7	13.4	12.0	10.0	2.0	0.7
<100	133	2.0	1.3	0.7	0.7	0.0	0.0
<100	134	12.7	13.4	4.7	0.7	4.0	2.7
<100	135	1.3	0.7	0.7	0.7	0.0	0.0
<100	138	11.4	35.5	2.7	1.3	1.3	1.3
<100	139	2.0	4.7	0.7	0.7	0.0	0.0
<100	140	39.5	63.5	8.0	4.7	3.3	3.3
<100	141	20.7	19.4	6.0	2.0	4.0	4.0
<100	142	3.3	2.0	1.3	0.0	1.3	0.0
<100	143	6.0	10.0	1.3	0.0	1.3	0.7
<100	144	1.3	2.7	0.0	0.0	0.0	0.0
<100	145	2.7	4.0	2.0	1.3	0.7	0.0
<100	146	2.7	2.0	0.7	0.7	0.0	0.0
<100	148	5.4	9.4	0.0	0.0	0.0	0.0
<100	149	0.0	0.7	0.0	0.0	0.0	0.0
<100	150	2.0	1.3	0.7	0.0	0.7	0.0
<100	152	0.7	2.0	0.7	0.0	0.7	0.0
<100	154	0.7	2.7	0.0	0.0	0.0	0.0
<100	157	1.3	4.0	0.0	0.0	0.0	0.7
<100	158	2.0	2.0	0.7	0.0	0.7	1.3

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	130	0.0	2.0	0.0	0.0	0.0	2.0
<100	131	0.0	0.0	0.0	0.0	0.0	0.0
<100	132	0.0	6.7	0.0	0.7	0.0	2.7
<100	133	0.0	1.3	0.0	0.0	0.0	0.0
<100	134	0.0	4.0	0.0	0.0	0.0	1.3
<100	135	0.0	0.7	0.0	0.0	0.0	0.0
<100	138	0.0	4.0	0.0	0.7	0.0	2.7
<100	139	0.0	0.7	0.0	0.0	0.0	0.7
<100	140	0.0	20.1	0.0	0.7	0.0	7.4
<100	141	0.0	4.7	0.0	0.7	0.0	5.4
<100	142	0.0	2.0	0.0	0.0	0.0	0.0
<100	143	0.0	2.0	0.0	0.0	0.0	2.0
<100	144	0.0	0.7	0.7	0.0	0.0	0.0
<100	145	0.0	0.7	0.0	0.0	0.0	0.0
<100	146	0.7	0.7	0.0	0.0	0.0	0.7
<100	148	0.7	2.7	0.0	0.7	0.0	1.3
<100	149	0.0	0.0	0.0	0.0	0.0	0.0
<100	150	0.0	0.7	0.0	0.0	0.0	0.7
<100	152	0.0	0.0	0.0	0.0	0.0	0.0
<100	154	0.0	0.7	0.0	0.0	0.0	0.0
<100	157	0.7	0.0	0.0	0.0	0.0	0.0
<100	158	0.0	0.0	0.0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
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SUMMARY REPORT
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CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRG	EVENTS	GASES	DRG GHANGES	CHANGES TO LOWER WEIGHT	GHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	159	5.4	6.7	1.3	1.3	0.0	0.0
<100	161	2.0	7.4	1.3	0.0	1.3	0.0
<100	162	3.3	7.4	1.3	0.0	1.3	0.0
<100	166	0.0	0.7	0.0	0.0	0.0	0.0
<100	168	1.3	0.7	0.0	0.0	0.0	0.7
<100	170	2.0	2.0	1.3	1.3	0.0	0.0
<100	172	10.7	7.4	4.0	3.3	0.7	1.3
<100	173	0.7	0.7	0.0	0.0	0.0	0.7
<100	174	16.7	20.7	4.0	4.0	0.0	0.7
<100	175	1.3	1.3	0.7	0.0	0.7	0.0
<100	176	2.0	2.7	0.7	0.7	0.0	0.0
<100	177	2.0	2.7	1.3	0.0	1.3	0.0
<100	178	0.7	1.3	0.0	0.0	0.0	0.7
<100	179	1.3	1.3	0.7	0.7	0.0	0.0
<100	180	10.7	15.4	5.4	3.3	2.0	0.7
<100	181	1.3	0.7	0.7	0.0	0.7	0.0
<100	182	68.9	77.6	12.7	1.3	11.4	15.4
<100	183	5.4	6.7	0.7	0.0	0.7	2.7
<100	188	6.0	7.4	1.3	1.3	0.0	1.3
<100	189	0.0	0.7	0.0	0.0	0.0	0.0
<100	192	0.0	0.7	0.0	0.0	0.0	0.0
<100	193	0.7	1.3	0.0	0.0	0.0	0.0

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	159	0.0	4.0	0.0	0.0	0.0	0.0
<100	161	0.0	0.7	0.0	0.0	0.0	0.0
<100	162	0.7	1.3	0.0	0.0	0.0	0.0
<100	166	0.0	0.0	0.0	0.0	0.0	0.0
<100	168	0.0	0.0	0.0	0.0	0.0	0.7
<100	170	0.0	0.7	0.0	0.0	0.0	0.0
<100	172	0.0	2.7	0.0	0.7	0.0	2.0
<100	173	0.0	0.0	0.0	0.0	0.0	0.0
<100	174	0.0	8.7	0.7	0.0	0.7	2.0
<100	175	0.0	0.0	0.0	0.0	0.0	0.7
<100	176	0.0	0.7	0.0	0.0	0.0	0.7
<100	177	0.0	0.0	0.0	0.0	0.0	0.7
<100	178	0.0	0.0	0.0	0.0	0.0	0.0
<100	179	0.0	0.7	0.0	0.0	0.0	0.0
<100	180	0.0	2.7	0.0	0.7	0.0	1.3
<100	181	0.0	0.7	0.0	0.0	0.0	0.0
<100	182	0.0	26.8	0.7	2.0	0.0	11.4
<100	183	0.0	1.3	0.0	0.0	0.0	0.7
<100	188	0.0	2.0	0.0	0.7	0.0	0.7
<100	189	0.0	0.0	0.0	0.0	0.0	0.0
<100	192	0.0	0.0	0.0	0.0	0.0	0.0
<100	193	0.0	0.7	0.0	0.0	0.0	0.0

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<100	196	0.0	1.3	0.0	0.0	0.0	0.0
<100	197	4.0	7.4	0.7	0.0	0.7	0.0
<100	198	1.3	2.7	0.0	0.0	0.0	0.0
<100	199	0.0	0.7	0.0	0.0	0.0	0.0
<100	202	4.7	4.0	1.3	1.3	0.0	0.7
<100	203	2.7	5.4	0.0	0.0	0.0	0.0
<100	204	1.3	4.0	0.7	0.0	0.7	0.7
<100	205	5.4	2.0	2.0	2.0	0.0	0.0
<100	206	0.0	0.7	0.0	0.0	0.0	0.0
<100	207	2.7	7.4	1.3	0.7	0.7	0.0
<100	208	2.0	2.7	0.7	0.7	0.0	0.7
<100	209	8.0	10.0	0.0	0.0	0.0	0.0
<100	210	12.7	13.4	0.0	0.0	0.0	0.0
<100	214	0.7	0.7	0.0	0.0	0.0	0.0
<100	221	0.7	0.7	0.7	0.7	0.0	0.0
<100	225	5.4	13.4	0.7	0.0	0.7	0.7
<100	228	0.7	0.7	0.7	0.0	0.7	0.0
<100	231	1.3	1.3	0.0	0.0	0.0	0.0
<100	234	2.0	2.0	1.3	0.7	0.7	0.7
<100	235	2.7	2.0	0.7	0.7	0.0	0.7
<100	236	12.0	13.4	1.3	0.7	0.7	1.3
<100	237	1.3	1.3	0.0	0.0	0.0	1.3

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	196	0.0	0.0	0.0	0.0	0	0.0
<100	197	0.0	2.0	0.7	0.0	0	0.7
<100	198	0.0	1.3	0.0	0.0	0	0.0
<100	199	0.0	0.0	0.0	0.0	0	0.0
<100	202	0.0	2.7	0.0	0.0	0	0.0
<100	203	0.0	2.7	0.0	0.0	0	0.0
<100	204	0.0	0.0	0.0	0.0	0	0.0
<100	205	0.0	2.0	0.7	0.0	0	0.7
<100	206	0.0	0.0	0.0	0.0	0	0.0
<100	207	0.0	1.3	0.0	0.0	0	0.0
<100	208	0.0	0.7	0.0	0.0	0	0.0
<100	209	0.0	5.4	0.0	0.0	0	2.7
<100	210	0.0	10.0	1.3	0.0	0	1.3
<100	214	0.0	0.7	0.0	0.0	0	0.0
<100	221	0.0	0.0	0.0	0.0	0	0.0
<100	225	0.0	3.3	0.0	0.0	0	0.7
<100	228	0.0	0.0	0.0	0.0	0	0.0
<100	231	0.7	0.7	0.0	0.0	0	0.0
<100	234	0.0	0.0	0.0	0.0	0	0.0
<100	235	0.0	1.3	0.0	0.0	0	0.0
<100	236	0.0	7.4	0.7	0.7	0	0.7
<100	237	0.0	0.0	0.0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	238	1.3	0.7	0.7	0.7	0.0	0.0
<100	239	6.7	5.4	2.0	1.3	0.7	3.3
<100	240	6.0	4.7	3.3	3.3	0.0	1.3
<100	241	0.7	1.3	0.0	0.0	0.0	0.7
<100	243	27.4	28.8	2.0	0.7	1.3	14.0
<100	244	6.0	5.4	0.7	0.0	0.7	2.0
<100	245	1.3	1.3	0.7	0.0	0.7	0.7
<100	246	2.7	2.0	0.7	0.0	0.7	2.0
<100	247	1.3	1.3	0.7	0.0	0.7	0.7
<100	248	2.7	2.7	1.3	0.0	1.3	0.7
<100	250	2.7	6.7	0.0	0.0	0.0	1.3
<100	253	8.7	6.7	2.0	0.7	1.3	0.7
<100	256	1.3	2.7	0.0	0.0	0.0	0.0
<100	257	2.7	5.4	0.0	0.0	0.0	0.0
<100	258	0.0	0.7	0.0	0.0	0.0	0.0
<100	259	1.3	0.7	0.7	0.0	0.7	0.0
<100	262	1.3	1.3	0.0	0.0	0.0	1.3
<100	263	0.7	0.7	0.0	0.0	0.0	0.0
<100	265	0.7	0.7	0.7	0.7	0.0	0.0
<100	266	0.0	1.3	0.0	0.0	0.0	0.0
<100	267	0.7	0.7	0.0	0.0	0.0	0.7
<100	269	0.7	0.7	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	238	0.0	0.7	0.0	0.0	0	0.0
<100	239	0.0	1.3	0.0	0.0	0	0.0
<100	240	0.0	1.3	0.0	0.0	0	0.0
<100	241	0.0	0.0	0.0	0.0	0	0.0
<100	243	0.7	7.4	1.3	0.0	0	2.0
<100	244	0.0	2.0	0.7	0.0	0	0.7
<100	245	0.0	0.0	0.0	0.0	0	0.0
<100	246	0.0	0.0	0.0	0.0	0	0.0
<100	247	0.0	0.0	0.0	0.0	0	0.0
<100	248	0.0	0.7	0.0	0.0	0	0.0
<100	250	0.0	1.3	0.0	0.0	0	0.0
<100	253	0.7	3.3	1.3	0.0	0	0.7
<100	256	0.0	1.3	0.0	0.0	0	0.0
<100	257	0.7	2.0	0.0	0.0	0	0.0
<100	258	0.0	0.0	0.0	0.0	0	0.0
<100	259	0.0	0.7	0.0	0.0	0	0.0
<100	262	0.0	0.0	0.0	0.0	0	0.0
<100	263	0.0	0.7	0.0	0.0	0	0.0
<100	265	0.0	0.0	0.0	0.0	0	0.0
<100	266	0.0	0.0	0.0	0.0	0	0.0
<100	267	0.0	0.0	0.0	0.0	0	0.0
<100	269	0.0	0.7	0.0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANCES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	271	4.0	4.7	1.3	1.3	0.0	0.0
<100	272	0.7	1.3	0.0	0.0	0.0	0.0
<100	274	0.7	1.3	0.7	0.7	0.0	0.0
<100	275	1.3	0.7	0.7	0.0	0.7	0.0
<100	277	5.4	14.0	0.7	0.7	0.0	1.3
<100	278	0.7	1.3	0.7	0.0	0.7	0.0
<100	280	9.4	7.4	2.7	0.0	2.7	4.0
<100	281	1.3	1.3	0.7	0.0	0.7	0.0
<100	283	2.0	2.0	0.7	0.0	0.7	1.3
<100	287	0.0	0.7	0.0	0.0	0.0	0.0
<100	290	0.0	0.7	0.0	0.0	0.0	0.0
<100	292	0.7	0.7	0.0	0.0	0.0	0.0
<100	294	28.1	36.8	4.7	1.3	3.3	12.0
<100	295	0.7	2.0	0.0	0.0	0.0	0.0
<100	296	44.8	48.8	14.0	11.4	2.7	4.0
<100	297	1.3	2.7	0.7	0.0	0.7	0.0
<100	300	1.3	1.3	0.7	0.7	0.0	0.7
<100	304	0.7	0.7	0.7	0.7	0.0	0.0
<100	306	4.7	4.7	4.7	4.7	0.0	0.0
<100	308	2.0	2.7	1.3	0.0	1.3	0.7
<100	310	2.0	2.0	0.7	0.0	0.7	0.0
<100	312	0.7	0.7	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	271	0.0	0.7	0.0	0.7	0	1.3
<100	272	0.0	0.7	0.0	0.0	0	0.0
<100	274	0.0	0.0	0.0	0.0	0	0.0
<100	275	0.0	0.0	0.0	0.0	0	0.7
<100	277	0.0	2.0	0.0	0.7	0	0.7
<100	278	0.0	0.0	0.0	0.0	0	0.0
<100	280	0.0	2.0	0.0	0.0	0	0.7
<100	281	0.0	0.7	0.0	0.0	0	0.0
<100	283	0.0	0.0	0.0	0.0	0	0.0
<100	287	0.0	0.0	0.0	0.0	0	0.0
<100	290	0.0	0.0	0.0	0.0	0	0.0
<100	292	0.0	0.7	0.0	0.0	0	0.0
<100	294	0.0	8.7	0.7	0.0	0	2.0
<100	295	0.0	0.7	0.0	0.0	0	0.0
<100	296	0.0	18.1	0.0	3.3	0	5.4
<100	297	0.0	0.7	0.0	0.0	0	0.0
<100	300	0.0	0.0	0.0	0.0	0	0.0
<100	304	0.0	0.0	0.0	0.0	0	0.0
<100	306	0.0	0.0	0.0	0.0	0	0.0
<100	308	0.0	0.0	0.0	0.0	0	0.0
<100	310	0.0	0.7	0.0	0.0	0	0.7
<100	312	0.0	0.7	0.0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	315	1.3	0.7	0.7	0.0	0.7	0.0
<100	316	7.4	7.4	3.3	3.3	0.0	0.7
<100	318	0.7	0.7	0.7	0.7	0.0	0.0
<100	320	22.7	32.8	2.7	1.3	1.3	4.7
<100	321	0.7	1.3	0.7	0.0	0.7	0.0
<100	323	3.3	5.4	0.0	0.0	0.0	0.0
<100	324	1.3	2.0	0.7	0.0	0.7	0.7
<100	325	2.7	4.0	0.7	0.0	0.7	1.3
<100	328	0.0	0.7	0.0	0.0	0.0	0.0
<100	331	2.0	2.7	2.0	0.7	1.3	0.0
<100	336	4.0	10.0	1.3	1.3	0.0	0.0
<100	337	0.7	2.0	0.0	0.0	0.0	0.0
<100	338	0.0	0.7	0.0	0.0	0.0	0.0
<100	339	0.0	1.3	0.0	0.0	0.0	0.0
<100	346	0.7	3.3	0.0	0.0	0.0	0.7
<100	348	1.3	1.3	1.3	1.3	0.0	0.0
<100	350	0.7	2.7	0.0	0.0	0.0	0.0
<100	353	0.0	0.7	0.0	0.0	0.0	0.0
<100	354	2.7	3.3	0.0	0.0	0.0	0.0
<100	355	1.3	2.0	0.7	0.0	0.7	0.0
<100	356	0.7	2.0	0.0	0.0	0.0	0.0
<100	364	0.7	1.3	0.0	0.0	0.0	0.7

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	315	0.0	0.7	0.0	0.0	0	0.0
<100	316	0.0	0.7	0.0	0.7	0	2.0
<100	318	0.0	0.0	0.0	0.0	0	0.0
<100	320	0.0	5.4	0.7	3.3	0	6.0
<100	321	0.0	0.0	0.0	0.0	0	0.0
<100	323	0.0	1.3	0.7	0.0	0	1.3
<100	324	0.0	0.0	0.0	0.0	0	0.0
<100	325	0.0	0.0	0.0	0.0	0	0.7
<100	328	0.0	0.0	0.0	0.0	0	0.0
<100	331	0.0	0.0	0.0	0.0	0	0.0
<100	336	0.0	2.7	0.0	0.0	0	0.0
<100	337	0.0	0.7	0.0	0.0	0	0.0
<100	338	0.0	0.0	0.0	0.0	0	0.0
<100	339	0.0	0.0	0.0	0.0	0	0.0
<100	346	0.0	0.0	0.0	0.0	0	0.0
<100	348	0.0	0.0	0.0	0.0	0	0.0
<100	350	0.0	0.7	0.0	0.0	0	0.0
<100	353	0.0	0.0	0.0	0.0	0	0.0
<100	354	0.0	2.7	0.0	0.0	0	0.0
<100	355	0.7	0.0	0.0	0.0	0	0.0
<100	356	0.0	0.7	0.0	0.0	0	0.0
<100	364	0.0	0.0	0.0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	366	0.7	0.7	0.7	0.7	0.0	0.0
<100	368	0.7	0.7	0.0	0.0	0.0	0.7
<100	369	0.7	0.7	0.0	0.0	0.0	0.7
<100	395	4.7	7.4	1.3	0.7	0.7	0.7
<100	403	2.0	2.7	2.0	2.0	0.0	0.0
<100	410	0.0	0.7	0.0	0.0	0.0	0.0
<100	413	3.3	2.0	2.0	0.0	2.0	0.0
<100	414	0.0	0.7	0.0	0.0	0.0	0.0
<100	416	9.4	8.7	4.7	4.0	0.7	0.0
<100	418	0.7	1.3	0.7	0.7	0.0	0.0
<100	419	2.0	3.3	1.3	1.3	0.0	0.0
<100	420	0.7	1.3	0.0	0.0	0.0	0.0
<100	421	6.0	6.0	1.3	0.0	1.3	2.0
<100	423	1.3	0.7	0.7	0.7	0.0	0.0
<100	425	5.4	4.7	0.0	0.0	0.0	4.0
<100	426	4.0	4.0	2.0	1.3	0.7	1.3
<100	429	9.4	8.0	1.3	1.3	0.0	3.3
<100	430	4.7	7.4	2.0	1.3	0.7	0.7
<100	433	2.0	2.0	0.0	0.0	0.0	0.7
<100	434	1.3	0.7	0.0	0.0	0.0	0.0
<100	436	2.0	3.3	0.7	0.7	0.0	0.7
<100	438	4.7	4.7	2.0	0.0	2.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	366	0.0	0.0	0.0	0.0	0	0.0
<100	368	0.0	0.0	0.0	0.0	0	0.0
<100	369	0.0	0.0	0.0	0.0	0	0.0
<100	395	0.0	1.3	0.0	0.0	0	1.3
<100	403	0.0	0.0	0.0	0.0	0	0.0
<100	410	0.0	0.0	0.0	0.0	0	0.0
<100	413	0.0	0.7	0.0	0.7	0	0.0
<100	414	0.0	0.0	0.0	0.0	0	0.0
<100	416	0.0	2.7	0.0	0.0	0	2.0
<100	418	0.0	0.0	0.0	0.0	0	0.0
<100	419	0.0	0.7	0.0	0.0	0	0.0
<100	420	0.0	0.7	0.0	0.0	0	0.0
<100	421	0.0	2.0	0.0	0.0	0	0.7
<100	423	0.0	0.7	0.0	0.0	0	0.0
<100	425	0.0	0.0	0.0	0.0	0	1.3
<100	426	0.0	0.0	0.0	0.0	0	0.7
<100	429	0.0	3.3	0.7	0.0	0	0.7
<100	430	0.0	0.7	0.0	0.0	0	1.3
<100	433	0.0	1.3	0.0	0.0	0	0.0
<100	434	0.0	0.0	0.0	0.7	0	0.7
<100	436	0.0	0.7	0.0	0.0	0	0.0
<100	438	0.0	0.7	0.0	0.7	0	1.3

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE GLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRC	EVENTS	CASES	DRG GHANGES	GHANGES TO LOWER WEICHT	GHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	439	0.0	0 7	0.0	0.0	0.0	0.0
<100	442	0.7	2.7	0.0	0.0	0.0	0 7
<100	443	0.7	0.7	0.0	0.0	0.0	0.0
<100	444	0.7	1.3	0.0	0.0	0.0	0 7
<100	447	1.3	1.3	0.7	0.0	0.7	0 7
<100	449	7.4	8.0	4.0	1.3	2.7	1 3
<100	450	1.3	1.3	0.7	0.0	0.7	0.0
<100	452	0.7	0.7	0.7	0.0	0.7	0.0
<100	453	1.3	0.7	0.0	0.0	0.0	0.0
<100	454	0.0	2.0	0.0	0.0	0 0	0.0
<100	460	0.7	0.7	0.0	0.0	0.0	0 0
<100	463	10.0	6.7	5.4	0 7	4.7	0 7
<100	464	2.7	2.0	0.7	0.7	0.0	0.7
<100	466	0.7	0.7	0.0	0.0	0.0	0.7
<100	468	6.7	6.0	3.3	2 7	0.7	1 3
100-299	1	1.3	3.9	0.0	0.0	0 0	0.0
100-299	4	1.3	1.3	0.0	0.0	0.0	0.0
100-299	5	7.8	14.3	0.0	0.0	0.0	0.0
100-299	7	1.3	1.3	0.0	0.0	0.0	0.0
100-299	9	0.0	1.3	0.0	0.0	0.0	0 0
100-299	10	5.2	9.1	0.0	0.0	0.0	1.3
100-299	12	11.7	10.4	6.5	5.2	1.3	2.6

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
<100	439	0.0	0.0	0.0	0	0	0 0
<100	442	0.0	0.0	0.0	0	0	0 0
<100	443	0.0	0.7	0.0	0	0	0.0
<100	444	0.0	0.0	0.0	0	0	0.0
<100	447	0.0	0.0	0.0	0	0	0.0
<100	449	0.0	0.7	0 0	0	0	1 3
<100	450	0 0	0.7	0.0	0	0	0 0
<100	452	0.0	0.0	0.0	0	0	0.0
<100	453	0.0	0 7	0.0	0	0	0.7
<100	454	0.0	0.0	0.0	0	0	0.0
<100	460	0.0	0.7	0.0	0	0	0.0
<100	463	0.0	4.0	0.0	0	0	0.0
<100	464	0.0	0.7	0.0	0	0	0.7
<100	466	0.0	0.0	0.0	0	0	0.0
<100	468	0.0	2 0	0.0	0	0	0 0
100-299	1	1.3	0.0	0 0	0	0	0.0
100-299	4	1.3	0.0	0 0	0	0	0.0
100-299	5	2.6	3.9	1.3	0	0	0.0
100-299	7	0.0	1.3	0.0	0	0	0.0
100-299	9	0 0	0.0	0.0	0	0	0.0
100-299	10	0.0	3.9	0 0	0	0	0.0
100-299	12	0.0	2.6	0.0	0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRC	EVENTS	CASES	DRG GHANGES	CHANGES TO LOWER WEICHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	13	2.6	2 6	0.0	0.0	0.0	0.0
100-299	14	42.9	87.1	11.7	11.7	0.0	6.5
100-299	15	49.4	65.0	10.4	2.6	7.8	6 5
100-299	16	10.4	7.8	5.2	1.3	3.9	0.0
100-299	17	3.9	3.9	2.6	1.3	1.3	1.3
100-299	18	6.5	7.8	1.3	1.3	0.0	0.0
100-299	20	1.3	1.3	0.0	0.0	0.0	0.0
100-299	22	5.2	5.2	1.3	1.3	0.0	1.3
100-299	23	0.0	1.3	0.0	0.0	0.0	0.0
100-299	24	19.5	19.5	2.6	1.3	1.3	3.9
100-299	25	5.2	5.2	1.3	0.0	1.3	0.0
100-299	27	1.3	1.3	1.3	1.3	0.0	0 0
100-299	28	0.0	6.5	0.0	0.0	0.0	0.0
100-299	31	1.3	2 6	0.0	0.0	0.0	0.0
100-299	34	1.3	1.3	0.0	0.0	0 0	0 0
100-299	36	0.0	1.3	0.0	0.0	0.0	0.0
100-299	39	33.8	40.3	0.0	0.0	0.0	32.5
100-299	40	1.3	1.3	0.0	0.0	0.0	0 0
100-299	42	1.3	1.3	0 0	0.0	0.0	0.0
100-299	45	1.3	1.3	0.0	0.0	0.0	1.3
100-299	47	1.3	1.3	0.0	0.0	0.0	1.3
100-299	50	0.0	1.3	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISGHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	13	0.0	2.6	0	0.0	0.0	0.0
100-299	14	0.0	18.2	0	0.0	0 0	6.5
100-299	15	1.3	26.0	0	0.0	0.0	5 2
100-299	16	0.0	5.2	0	0.0	0.0	0.0
100-299	17	0.0	0.0	0	0.0	0.0	0.0
100-299	18	0.0	5.2	0	0.0	0.0	0.0
100-299	20	0.0	1.3	0	0.0	0.0	0 0
100-299	22	0.0	2.6	0	0.0	0.0	0.0
100-299	23	0.0	0 0	0	0.0	0.0	0 0
100-299	24	0.0	9.1	0	0.0	0.0	3.9
100-299	25	0.0	3.9	0	0.0	0.0	0.0
100-299	27	0.0	0.0	0	0.0	0.0	0.0
100-299	28	0.0	0.0	0	0.0	0.0	0.0
100-299	31	0.0	1.3	0	0.0	0.0	0.0
100-299	34	0.0	1.3	0	0.0	0.0	0.0
100-299	36	0.0	0.0	0	0.0	0.0	0.0
100-299	39	0.0	1 3	0	0.0	0.0	0.0
100-299	40	0 0	1 3	0	0.0	0.0	0.0
100-299	42	0.0	1.3	0	0.0	0.0	0.0
100-299	45	0.0	0.0	0	0.0	0.0	0 0
100-299	47	0.0	0.0	0	0.0	0.0	0.0
100-299	50	0.0	0.0	0	0.0	0.0	0 0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	51	0.0	1.3	0.0	0.0	0.0	0.0
100-299	53	1.3	5.2	1.3	0.0	1.3	0.0
100-299	55	0.0	3.9	0.0	0.0	0.0	0.0
100-299	56	1.3	3.9	1.3	0.0	1.3	0.0
100-299	63	1.3	1.3	0.0	0.0	0.0	0.0
100-299	64	2.6	2.6	0.0	0.0	0.0	1.3
100-299	65	11.7	14.3	0.0	0.0	0.0	5.2
100-299	66	2.6	5.2	1.3	0.0	1.3	0.0
100-299	68	7.8	9.1	1.3	0.0	1.3	2.6
100-299	69	2.6	5.2	1.3	0.0	1.3	0.0
100-299	73	3.9	5.2	0.0	0.0	0.0	2.6
100-299	75	6.5	10.4	1.3	1.3	0.0	0.0
100-299	76	2.6	5.2	1.3	1.3	0.0	0.0
100-299	77	2.6	1.3	1.3	1.3	0.0	1.3
100-299	78	5.2	16.9	1.3	1.3	0.0	0.0
100-299	79	18.2	27.3	5.2	5.2	0.0	0.0
100-299	82	18.2	31.2	5.2	3.9	1.3	5.2
100-299	83	1.3	1.3	0.0	0.0	0.0	1.3
100-299	85	5.2	9.1	3.9	3.9	0.0	0.0
100-299	87	24.7	36.4	16.9	16.9	0.0	0.0
100-299	88	24.7	45.5	10.4	7.8	2.6	3.9
100-299	89	71.5	118.4	16.9	13.0	3.9	5.2

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	51	0.0	0.0	0.0	0.0	0.0	0.0
100-299	53	0.0	0.0	0.0	0.0	0.0	0.0
100-299	55	0.0	0.0	0.0	0.0	0.0	0.0
100-299	56	0.0	0.0	0.0	0.0	0.0	0.0
100-299	63	0.0	1.3	0.0	0.0	0.0	0.0
100-299	64	0.0	1.3	0.0	0.0	0.0	0.0
100-299	65	0.0	6.5	0.0	0.0	0.0	0.0
100-299	66	0.0	1.3	0.0	0.0	0.0	0.0
100-299	68	0.0	3.9	0.0	0.0	0.0	0.0
100-299	69	0.0	1.3	0.0	0.0	0.0	0.0
100-299	73	0.0	1.3	0.0	0.0	0.0	0.0
100-299	75	2.6	2.6	0.0	0.0	0.0	0.0
100-299	76	0.0	0.0	0.0	0.0	0.0	1.3
100-299	77	0.0	0.0	0.0	0.0	0.0	0.0
100-299	78	0.0	3.9	0.0	0.0	0.0	0.0
100-299	79	0.0	9.1	0.0	0.0	0.0	3.9
100-299	82	2.6	5.2	0.0	0.0	0.0	0.0
100-299	83	0.0	0.0	0.0	0.0	0.0	0.0
100-299	85	0.0	1.3	0.0	0.0	0.0	0.0
100-299	87	0.0	5.2	0.0	0.0	0.0	2.6
100-299	88	0.0	7.8	0.0	1.3	0.0	1.3
100-299	89	0.0	35.1	0.0	2.6	1.3	10.4

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	90	7.8	9.1	2.6	1.3	1.3	1.3
100-299	92	6.5	6.5	3.9	1.3	2.6	1.3
100-299	94	0.0	2.6	0.0	0.0	0.0	0.0
100-299	96	37.7	72.8	6.5	5.2	1.3	6.5
100-299	97	5.2	7.8	1.3	0.0	1.3	0.0
100-299	99	19.5	16.9	10.4	3.9	6.5	0.0
100-299	100	2.6	3.9	1.3	0.0	1.3	0.0
100-299	101	6.5	5.2	3.9	1.3	2.6	0.0
100-299	102	0.0	1.3	0.0	0.0	0.0	0.0
100-299	107	2.6	2.6	1.3	0.0	1.3	0.0
100-299	110	9.1	15.6	3.9	3.9	0.0	0.0
100-299	111	1.3	1.3	0.0	0.0	0.0	0.0
100-299	112	0.0	2.6	0.0	0.0	0.0	0.0
100-299	113	2.6	3.9	0.0	0.0	0.0	0.0
100-299	115	0.0	1.3	0.0	0.0	0.0	0.0
100-299	116	5.2	9.1	0.0	0.0	0.0	0.0
100-299	117	1.3	3.9	0.0	0.0	0.0	0.0
100-299	118	1.3	2.6	0.0	0.0	0.0	0.0
100-299	120	5.2	5.2	1.3	1.3	0.0	0.0
100-299	121	9.1	29.9	3.9	3.9	0.0	0.0
100-299	122	13.0	46.8	6.5	3.9	2.6	0.0
100-299	123	11.7	26.0	2.6	2.6	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	90	0.0	3.9	0.0	0.0	0.0	0.0
100-299	92	0.0	1.3	0.0	0.0	0.0	0.0
100-299	94	0.0	0.0	0.0	0.0	0.0	0.0
100-299	96	0.0	20.8	0.0	0.0	0.0	3.9
100-299	97	0.0	3.9	0.0	0.0	0.0	0.0
100-299	99	0.0	7.8	0.0	0.0	0.0	1.3
100-299	100	0.0	1.3	0.0	0.0	0.0	0.0
100-299	101	0.0	2.6	0.0	0.0	0.0	0.0
100-299	102	0.0	0.0	0.0	0.0	0.0	0.0
100-299	107	0.0	1.3	0.0	0.0	0.0	0.0
100-299	110	0.0	5.2	0.0	0.0	0.0	0.0
100-299	111	1.3	0.0	0.0	0.0	0.0	0.0
100-299	112	0.0	0.0	0.0	0.0	0.0	0.0
100-299	113	0.0	2.6	0.0	0.0	0.0	0.0
100-299	115	0.0	0.0	0.0	0.0	0.0	0.0
100-299	116	0.0	5.2	0.0	0.0	0.0	0.0
100-299	117	0.0	1.3	0.0	0.0	0.0	0.0
100-299	118	0.0	1.3	0.0	0.0	0.0	0.0
100-299	120	0.0	3.9	0.0	0.0	0.0	0.0
100-299	121	0.0	3.9	0.0	0.0	0.0	1.3
100-299	122	0.0	6.5	0.0	0.0	0.0	0.0
100-299	123	0.0	0.0	0.0	0.0	0.0	9.1

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRC AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRC CHANCES	CHANCES TO LOWER WEICHT	CHANCES TO HICHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	124	2.6	3.9	2.6	1.3	1.3	0.0
100-299	125	2.6	10.4	0.0	0.0	0.0	0.0
100-299	127	100.1	178.2	20.8	10.4	10.4	7.8
100-299	128	9.1	16.9	1.3	0.0	1.3	0.0
100-299	129	3.9	7.8	3.9	3.9	0.0	0.0
100-299	130	24.7	33.8	7.8	7.8	0.0	3 9
100-299	131	3.9	7.8	1.3	1.3	0.0	1.3
100-299	132	23 4	15.6	13.0	6.5	6.5	2 6
100-299	134	13.0	15.6	2.6	1.3	1.3	3.9
100-299	135	2.6	1.3	0.0	0.0	0.0	0 0
100-299	136	1.3	1.3	0.0	0.0	0.0	0.0
100-299	138	35.1	87.1	10.4	6.5	3.9	0.0
100-299	139	2.6	9.1	1.3	0.0	1.3	0.0
100-299	140	67.6	123.6	23.4	14.3	9.1	2.6
100-299	141	26.0	36.4	6.5	0.0	6.5	1.3
100-299	142	2.6	3.9	1.3	0.0	1.3	0.0
100-299	143	13.0	24.7	5.2	0.0	5.2	0.0
100-299	144	9.1	18.2	5.2	5 2	0.0	1.3
100-299	145	5.2	5.2	5.2	2.6	2.6	0 0
100-299	146	1.3	3.9	0.0	0.0	0.0	0.0
100-299	148	5.2	19.5	0.0	0.0	0.0	0.0
100-299	149	1.3	1.3	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	124	0.0	0.0	0.0	0.0	0.0	0.0
100-299	125	1.3	1.3	0.0	0.0	0.0	0.0
100-299	127	0.0	55.9	0.0	1.3	1.3	13.0
100-299	128	0.0	5.2	0.0	1.3	0.0	1.3
100-299	129	0.0	0.0	0.0	0.0	0.0	0.0
100-299	130	0.0	9.1	1.3	0.0	0.0	2.6
100-299	131	1.3	0.0	0.0	0.0	0.0	0 0
100-299	132	0.0	5.2	1.3	0.0	0.0	1.3
100-299	134	0.0	5.2	0.0	0.0	0.0	1.3
100-299	135	0.0	0.0	0.0	1.3	0.0	1.3
100-299	136	0.0	1.3	0.0	0.0	0.0	0 0
100-299	138	0.0	20.8	0.0	0.0	0.0	3.9
100-299	139	0.0	1.3	0 0	0.0	0 0	0.0
100-299	140	0.0	33.8	1.3	1.3	1.3	3.9
100-299	141	0.0	14.3	0.0	1.3	0.0	2.6
100-299	142	0.0	1.3	0.0	0.0	0.0	0.0
100-299	143	0.0	7.8	0.0	0.0	0.0	0.0
100-299	144	0.0	1.3	0.0	0.0	0.0	1.3
100-299	145	0.0	0.0	0.0	0.0	0.0	0.0
100-299	146	0.0	1.3	0.0	0.0	0.0	0.0
100-299	148	0.0	5.2	0.0	0.0	0.0	0.0
100-299	149	0.0	1.3	0.0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANCES	CHANGES TO LOWER WEICHT	CHANCES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	150	0.0	5.2	0.0	0.0	0.0	0.0
100-299	152	7.8	3.9	2.6	2.6	0.0	0.0
100-299	154	23.4	19.5	9.1	9.1	0.0	1.3
100-299	155	1.3	2.6	0.0	0.0	0.0	0.0
100-299	157	6.5	11.7	1.3	0 0	1.3	5.2
100-299	158	2.6	5.2	0.0	0.0	0.0	0.0
100-299	159	3.9	6.5	0.0	0.0	0.0	0.0
100-299	160	1.3	2.6	0.0	0.0	0.0	0.0
100-299	161	14.3	32.5	1.3	0.0	1.3	1.3
100-299	162	3.9	5.2	2.6	0.0	2.6	0.0
100-299	164	0.0	2.6	0.0	0.0	0.0	0.0
100-299	167	2.6	2.6	1.3	1.3	0.0	0.0
100-299	168	1.3	1.3	1.3	1.3	0.0	0.0
100-299	170	3.9	7.8	1.3	1.3	0.0	0.0
100-299	172	9.1	11.7	2.6	2.6	0.0	0.0
100-299	173	1.3	1.3	0 0	0.0	0.0	1.3
100-299	174	40.3	53.3	10.4	7 8	2.6	6.5
100-299	175	11.7	10.4	6.5	1.3	5.2	2.6
100-299	176	1.3	2.6	0.0	0.0	0.0	1.3
100-299	177	5.2	7.8	2.6	0.0	2 6	2.6
100-299	178	1.3	1.3	0 0	0.0	0.0	1.3
100-299	179	3.9	2.6	1.3	1.3	0.0	1.3

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	150	0.0	0.0	0	0.0	0.0	0.0
100-299	152	1.3	2.6	0	0.0	0.0	1 3
100-299	154	1.3	9.1	0	0.0	2.6	0.0
100-299	155	1.3	0.0	0	0.0	0.0	0.0
100-299	157	0.0	0.0	0	0.0	0.0	0 0
100-299	158	1.3	1.3	0	0.0	0.0	0.0
100-299	159	0.0	3 9	0	0.0	0.0	0.0
100-299	160	0.0	1.3	0	0.0	0.0	0.0
100-299	161	0.0	11.7	0	0.0	0.0	0 0
100-299	162	0.0	1.3	0	0.0	0.0	0.0
100-299	164	0.0	0.0	0	0.0	0.0	0 0
100-299	167	0.0	1.3	0	0.0	0.0	0.0
100-299	168	0.0	0.0	0	0.0	0.0	0.0
100-299	170	0.0	1.3	0	0.0	0.0	1 3
100-299	172	0.0	5.2	0	0.0	0.0	1 3
100-299	173	0.0	0.0	0	0.0	0 0	0 0
100-299	174	0.0	15.6	0	1.3	0.0	6.5
100-299	175	0.0	2.6	0	0.0	0.0	0 0
100-299	176	0.0	0.0	0	0 0	0 0	0 0
100-299	177	0 0	0 0	0	0.0	0 0	0 0
100-299	178	0 0	0 0	0	0 0	0.0	0 0
100-299	179	0 0	1 3	0	0 0	0 0	0 0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE GLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES	DRG GHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	180	26.0	29.9	6.5	6.5	0 0	7 8
100-299	181	2.6	6.5	1.3	0.0	1 3	1.3
100-299	182	65.0	91.0	15.6	2.6	13.0	15.6
100-299	183	11.7	15.6	1.3	0.0	1.3	7.8
100-299	184	1.3	1.3	0.0	0.0	0.0	0.0
100-299	187	0.0	1.3	0.0	0.0	0.0	0.0
100-299	188	11.7	14.3	5.2	2.6	2.6	1.3
100-299	189	5.2	2.6	2.6	0 0	2.6	1.3
100-299	193	1.3	3.9	1.3	1.3	0.0	0 0
100-299	194	1.3	1.3	0.0	0.0	0.0	0.0
100-299	195	1.3	6.5	1.3	1.3	0.0	0.0
100-299	197	6.5	22.1	3.9	2.6	1.3	0.0
100-299	198	3.9	10.4	0.0	0.0	0.0	0.0
100-299	199	3.9	2.6	1.3	1.3	0.0	0.0
100-299	202	3.9	5.2	2.6	2.6	0.0	0.0
100-299	203	0.0	6.5	0.0	0.0	0.0	0.0
100-299	204	2.6	10.4	0.0	0.0	0.0	0.0
100-299	205	9.1	10.4	2.6	0.0	2.6	2.6
100-299	207	11.7	11.7	3.9	2.6	1.3	1.3
100-299	208	3.9	1.3	1.3	1.3	0.0	0.0
100-299	209	26.0	36.4	0.0	0.0	0.0	0.0
100-299	210	27.3	48.1	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
100-299	180	0.0	5.2	0	1.3	0.0	5.2
100-299	181	0.0	0.0	0	0.0	0.0	0.0
100-299	182	1.3	27.3	0	0.0	0.0	5.2
100-299	183	0.0	2.6	0	0.0	0.0	0.0
100-299	184	0.0	1.3	0	0.0	0.0	0.0
100-299	187	0 0	0.0	0	0.0	0.0	0.0
100-299	188	0.0	5.2	0	0.0	0.0	0.0
100-299	189	0.0	0.0	0	0.0	0.0	1.3
100-299	193	0.0	0.0	0	0.0	0.0	0.0
100-299	194	0.0	1.3	0	0.0	0.0	0.0
100-299	195	0.0	0.0	0	0.0	0.0	0.0
100-299	197	1 3	1.3	0	0.0	0.0	0.0
100-299	198	1.3	2.6	0	0.0	0.0	0.0
100-299	199	0.0	2.6	0	0.0	0.0	0.0
100-299	202	0.0	1.3	0	0.0	0.0	0.0
100-299	203	0.0	0.0	0	0.0	0.0	0.0
100-299	204	0.0	1 3	0	0.0	0.0	1.3
100-299	205	0.0	3.9	0	0.0	0.0	0.0
100-299	207	0.0	5.2	0	0 0	0.0	1.3
100-299	208	0.0	1 3	0	0.0	0.0	1.3
100-299	209	2 6	22 1	0	0.0	0.0	1.3
100-299	210	1.3	23.4	0	0 0	2.6	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG GHANGES	GHANGES TO LOWER WEIGHT	GHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	213	0.0	1.3	0.0	0.0	0 0	0.0
100-299	214	11 7	10.4	2.6	0.0	2 6	0.0
100-299	215	1.3	1.3	1.3	0.0	1.3	0 0
100-299	217	0.0	2 6	0.0	0.0	0.0	0.0
100-299	218	7.8	10.4	0.0	0.0	0.0	0.0
100-299	219	2.6	3 9	1.3	1.3	0.0	0.0
100-299	221	0.0	3 9	0.0	0.0	0.0	0.0
100-299	222	0.0	1.3	0.0	0.0	0.0	0.0
100-299	223	1.3	2.6	0.0	0.0	0.0	0.0
100-299	224	1.3	1.3	0.0	0.0	0.0	0.0
100-299	225	5.2	6.5	0.0	0.0	0.0	0.0
100-299	226	1.3	1.3	1.3	1.3	0.0	0.0
100-299	230	1.3	2.6	0.0	0.0	0.0	1 3
100-299	231	6.5	5.2	1.3	1.3	0.0	2.6
100-299	233	1.3	1.3	0.0	0 0	0.0	1.3
100-299	235	0.0	1.3	0.0	0 0	0.0	0 0
100-299	236	10.4	14 3	1 3	1.3	0.0	0.0
100-299	237	1.3	2 6	0.0	0 0	0 0	0.0
100-299	239	23.4	27.3	9 1	6 5	2.6	6.5
100-299	240	3.9	2.6	1.3	1.3	0 0	2 6
100-299	241	2.6	1.3	1.3	0.0	1.3	1.3
100-299	242	2.6	1 3	1.3	1 3	0.0	0.0

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
100-299	213	0 0	0 0	0	0.0	0	0.0
100-299	214	1.3	7.8	0	0.0	0	0.0
100-299	215	0 0	0.0	0	0.0	0	0.0
100-299	217	0.0	0 0	0	0.0	0	0.0
100-299	218	0.0	7.8	0	0.0	0	0.0
100-299	219	0.0	1.3	0	0.0	0	0.0
100-299	221	0 0	0.0	0	0.0	0	0.0
100-299	222	0.0	0.0	0	0.0	0	0.0
100-299	223	0.0	1.3	0	0.0	0	0.0
100-299	224	0 0	1.3	0	0.0	0	0.0
100-299	225	0 0	5.2	0	0.0	0	0.0
100-299	226	0 0	0.0	0	0.0	0	0.0
100-299	230	0 0	0.0	0	0.0	0	0.0
100-299	231	0.0	2 6	0	0.0	0	0.0
100-299	233	0 0	0 0	0	0 0	0	0.0
100-299	235	0 0	0.0	0	0.0	0	0.0
100-299	236	0.0	6 5	0	1.3	0	1.3
100-299	237	0.0	1 3	0	0.0	0	0 0
100-299	239	1 3	5.2	0	0 0	0	1.3
100-299	240	0.0	0.0	0	0 0	0	0.0
100-299	241	0 0	0 0	0	0 0	0	0.0
100-299	242	0 0	1.3	0	0.0	0	0 0

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRC AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRC	EVENTS	CASES	DRG CHANGES	CHANCES TO LOWER WEIGHT	CHANCES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	243	39.0	39.0	5.2	1.3	3.9	7.8
100-299	244	11.7	9.1	2.6	1.3	1.3	6.5
100-299	246	3.9	2.6	1.3	0.0	1.3	1.3
100-299	247	3.9	3.9	0.0	0.0	0.0	2.6
100-299	248	6.5	5.2	1.3	0.0	1.3	2.6
100-299	250	1.3	3.9	0.0	0.0	0.0	0.0
100-299	251	1.3	1.3	0.0	0.0	0.0	0.0
100-299	253	7.8	7.8	1.3	0.0	1.3	0.0
100-299	254	1.3	2.6	0.0	0.0	0.0	0.0
100-299	256	2.6	3.9	0.0	0.0	0.0	2.6
100-299	257	2.6	13.0	0.0	0.0	0.0	0.0
100-299	259	0.0	1.3	0.0	0.0	0.0	0.0
100-299	261	0.0	1.3	0.0	0.0	0.0	0.0
100-299	262	2.6	5.2	1.3	0.0	1.3	1.3
100-299	263	1.3	1.3	0.0	0.0	0.0	0.0
100-299	264	1.3	1.3	1.3	0.0	1.3	0.0
100-299	266	1.3	2.6	0.0	0.0	0.0	1.3
100-299	268	1.3	1.3	0.0	0.0	0.0	1.3
100-299	269	2.6	3.9	1.3	0.0	1.3	0.0
100-299	270	1.3	1.3	0.0	0.0	0.0	1.3
100-299	271	13.0	9.1	6.5	5.2	1.3	2.6
100-299	272	1.3	5.2	1.3	1.3	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	243	0.0	22.1	0	1.3	0.0	2.6
100-299	244	0.0	2.6	0	0.0	0.0	0.0
100-299	246	0.0	1.3	0	0.0	0.0	0.0
100-299	247	0.0	0.0	0	0.0	0.0	1.3
100-299	248	0.0	2.6	0	0.0	0.0	0.0
100-299	250	0.0	1.3	0	0.0	0.0	0.0
100-299	251	0.0	1.3	0	0.0	0.0	0.0
100-299	253	0.0	2.6	0	1.3	0.0	2.6
100-299	254	0.0	1.3	0	0.0	0.0	0.0
100-299	256	0.0	0.0	0	0.0	0.0	0.0
100-299	257	1.3	1.3	0	0.0	0.0	0.0
100-299	259	0.0	0.0	0	0.0	0.0	0.0
100-299	261	0.0	0.0	0	0.0	0.0	0.0
100-299	262	0.0	0.0	0	0.0	0.0	0.0
100-299	263	0.0	1.3	0	0.0	0.0	0.0
100-299	264	0.0	0.0	0	0.0	0.0	0.0
100-299	266	0.0	0.0	0	0.0	0.0	0.0
100-299	268	0.0	0.0	0	0.0	0.0	0.0
100-299	269	0.0	1.3	0	0.0	0.0	0.0
100-299	270	0.0	0.0	0	0.0	0.0	0.0
100-299	271	0.0	3.9	0	0.0	0.0	0.0
100-299	272	0.0	0.0	0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRC	EVENTS	CASES	DRG CHANGES	CHANCES TO LOWER WEICHT	CHANCES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	277	10.4	16.9	3.9	2.6	1.3	0.0
100-299	280	10.4	9.1	2.6	0.0	2.6	1.3
100-299	281	1.3	6.5	0.0	0.0	0.0	0.0
100-299	283	1.3	2.6	0.0	0.0	0.0	0.0
100-299	285	3.9	5.2	0.0	0.0	0.0	0.0
100-299	286	0.0	1.3	0.0	0.0	0.0	0.0
100-299	287	2.6	2.6	1.3	1.3	0.0	0.0
100-299	289	2.6	1.3	1.3	0.0	1.3	0.0
100-299	290	5.2	7.8	0.0	0.0	0.0	0.0
100-299	294	42.9	55.9	11.7	6.5	5.2	9.1
100-299	295	1.3	2.6	0.0	0.0	0.0	0.0
100-299	296	46.8	72.8	11.7	9.1	2.6	5.2
100-299	297	5.2	5.2	2.6	1.3	1.3	0.0
100-299	300	2.6	3.9	1.3	1.3	0.0	1.3
100-299	303	1.3	2.6	0.0	0.0	0.0	0.0
100-299	304	3.9	6.5	1.3	1.3	0.0	1.3
100-299	306	2.6	6.5	1.3	1.3	0.0	1.3
100-299	307	0.0	1.3	0.0	0.0	0.0	0.0
100-299	308	1.3	5.2	0.0	0.0	0.0	0.0
100-299	309	0.0	1.3	0.0	0.0	0.0	0.0
100-299	310	5.2	15.6	1.3	0.0	1.3	1.3
100-299	312	0.0	2.6	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	277	0.0	3.9	0	1.3	0.0	1.3
100-299	280	0.0	5.2	0	0.0	0.0	1.3
100-299	281	0.0	1.3	0	0.0	0.0	0.0
100-299	283	0.0	1.3	0	0.0	0.0	0.0
100-299	285	0.0	2.6	0	0.0	0.0	1.3
100-299	286	0.0	0.0	0	0.0	0.0	0.0
100-299	287	0.0	1.3	0	0.0	0.0	0.0
100-299	289	0.0	1.3	0	0.0	0.0	0.0
100-299	290	0.0	5.2	0	0.0	0.0	0.0
100-299	294	0.0	19.5	0	0.0	0.0	2.6
100-299	295	0.0	1.3	0	0.0	0.0	0.0
100-299	296	0.0	23.4	0	0.0	1.3	5.2
100-299	297	0.0	0.0	0	1.3	0.0	1.3
100-299	300	0.0	0.0	0	0.0	0.0	0.0
100-299	303	0.0	1.3	0	0.0	0.0	0.0
100-299	304	0.0	1.3	0	0.0	0.0	0.0
100-299	306	0.0	0.0	0	0.0	0.0	0.0
100-299	307	0.0	0.0	0	0.0	0.0	0.0
100-299	308	0.0	1.3	0	0.0	0.0	0.0
100-299	309	0.0	0.0	0	0.0	0.0	0.0
100-299	310	1.3	1.3	0	0.0	0.0	0.0
100-299	312	0.0	0.0	0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	313	1.3	1.3	0.0	0.0	0.0	1.3
100-299	315	2.6	6.5	1.3	1.3	0.0	0.0
100-299	316	9.1	15.6	3.9	2.6	1.3	0.0
100-299	318	9.1	7.8	5.2	3.9	1.3	1.3
100-299	320	29.9	46.8	9.1	5.2	3.9	5.2
100-299	321	2.6	3.9	0.0	0.0	0.0	2.6
100-299	323	6.5	6.5	1.3	0.0	1.3	2.6
100-299	324	1.3	7.8	0.0	0.0	0.0	1.3
100-299	325	2.6	7.8	0.0	0.0	0.0	0.0
100-299	326	1.3	1.3	0.0	0.0	0.0	1.3
100-299	328	2.6	2.6	1.3	0.0	1.3	0.0
100-299	331	7.8	7.8	2.6	1.3	1.3	1.3
100-299	334	2.6	3.9	1.3	1.3	0.0	0.0
100-299	336	27.3	50.7	1.3	0.0	1.3	1.3
100-299	337	3.9	9.1	2.6	0.0	2.6	0.0
100-299	338	1.3	3.9	0.0	0.0	0.0	0.0
100-299	339	1.3	3.9	0.0	0.0	0.0	1.3
100-299	341	1.3	1.3	0.0	0.0	0.0	0.0
100-299	346	1.3	1.3	1.3	1.3	0.0	0.0
100-299	348	3.9	5.2	0.0	0.0	0.0	3.9
100-299	349	3.9	3.9	2.6	0.0	2.6	1.3
100-299	350	3.9	3.9	1.3	1.3	0.0	1.3

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	313	0.0	0.0	0.0	0.0	0	0.0
100-299	315	0.0	1.3	0.0	0.0	0	0.0
100-299	316	1.3	2.6	0.0	0.0	0	1.3
100-299	318	0.0	2.6	0.0	0.0	0	0.0
100-299	320	0.0	11.7	0.0	1.3	0	2.6
100-299	321	0.0	0.0	0.0	0.0	0	0.0
100-299	323	0.0	1.3	0.0	0.0	0	1.3
100-299	324	0.0	0.0	0.0	0.0	0	0.0
100-299	325	0.0	2.6	0.0	0.0	0	0.0
100-299	326	0.0	0.0	0.0	0.0	0	0.0
100-299	328	0.0	0.0	0.0	0.0	0	1.3
100-299	331	0.0	3.9	0.0	0.0	0	0.0
100-299	334	0.0	1.3	0.0	0.0	0	0.0
100-299	336	7.8	15.6	0.0	0.0	0	1.3
100-299	337	0.0	1.3	0.0	0.0	0	0.0
100-299	338	0.0	1.3	0.0	0.0	0	0.0
100-299	339	0.0	0.0	0.0	0.0	0	0.0
100-299	341	0.0	1.3	0.0	0.0	0	0.0
100-299	346	0.0	0.0	0.0	0.0	0	0.0
100-299	348	0.0	0.0	0.0	0.0	0	0.0
100-299	349	0.0	0.0	0.0	0.0	0	0.0
100-299	350	1.3	0.0	0.0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	313	1.3	1.3	0.0	0.0	0.0	1.3
100-299	315	2.6	6.5	1.3	1.3	0.0	0.0
100-299	316	9.1	15.6	3.9	2.6	1.3	0.0
100-299	318	9.1	7.8	5.2	3.9	1.3	1.3
100-299	320	29.9	46.8	9.1	5.2	3.9	5.2
100-299	321	2.6	3.9	0.0	0.0	0.0	2.6
100-299	323	6.5	6.5	1.3	0.0	1.3	2.6
100-299	324	1.3	7.8	0.0	0.0	0.0	1.3
100-299	325	2.6	7.8	0.0	0.0	0.0	0.0
100-299	326	1.3	1.3	0.0	0.0	0.0	1.3
100-299	328	2.6	2.6	1.3	0.0	1.3	0.0
100-299	331	7.8	7.8	2.6	1.3	1.3	1.3
100-299	334	2.6	3.9	1.3	1.3	0.0	0.0
100-299	336	27.3	50.7	1.3	0.0	1.3	1.3
100-299	337	3.9	9.1	2.6	0.0	2.6	0.0
100-299	338	1.3	3.9	0.0	0.0	0.0	0.0
100-299	339	1.3	3.9	0.0	0.0	0.0	1.3
100-299	341	1.3	1.3	0.0	0.0	0.0	0.0
100-299	346	1.3	1.3	1.3	1.3	0.0	0.0
100-299	348	3.9	5.2	0.0	0.0	0.0	3.9
100-299	349	3.9	3.9	2.6	0.0	2.6	1.3
100-299	350	3.9	3.9	1.3	1.3	0.0	1.3

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	313	0.0	0.0	0.0	0.0	0	0.0
100-299	315	0.0	1.3	0.0	0.0	0	0.0
100-299	316	1.3	2.6	0.0	0.0	0	1.3
100-299	318	0.0	2.6	0.0	0.0	0	0.0
100-299	320	0.0	11.7	0.0	1.3	0	2.6
100-299	321	0.0	0.0	0.0	0.0	0	0.0
100-299	323	0.0	1.3	0.0	0.0	0	1.3
100-299	324	0.0	0.0	0.0	0.0	0	0.0
100-299	325	0.0	2.6	0.0	0.0	0	0.0
100-299	326	0.0	0.0	0.0	0.0	0	0.0
100-299	328	0.0	0.0	0.0	0.0	0	1.3
100-299	331	0.0	3.9	0.0	0.0	0	0.0
100-299	334	0.0	1.3	0.0	0.0	0	0.0
100-299	336	7.8	15.6	0.0	0.0	0	1.3
100-299	337	0.0	1.3	0.0	0.0	0	0.0
100-299	338	0.0	1.3	0.0	0.0	0	0.0
100-299	339	0.0	0.0	0.0	0.0	0	0.0
100-299	341	0.0	1.3	0.0	0.0	0	0.0
100-299	346	0.0	0.0	0.0	0.0	0	0.0
100-299	348	0.0	0.0	0.0	0.0	0	0.0
100-299	349	0.0	0.0	0.0	0.0	0	0.0
100-299	350	1.3	0.0	0.0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	354	6.5	7.8	1.3	1.3	0.0	0.0
100-299	355	1.3	2.6	0.0	0.0	0.0	0.0
100-299	356	3.9	9.1	0.0	0.0	0.0	0.0
100-299	357	0.0	1.3	0.0	0.0	0.0	0.0
100-299	358	1.3	2.6	0.0	0.0	0.0	0.0
100-299	360	0.0	2.6	0.0	0.0	0.0	0.0
100-299	363	0.0	2.6	0.0	0.0	0.0	0.0
100-299	364	0.0	1.3	0.0	0.0	0.0	0.0
100-299	368	3.9	1.3	1.3	1.3	0.0	1.3
100-299	369	3.9	2.6	1.3	0.0	1.3	0.0
100-299	389	2.6	1.3	1.3	0.0	1.3	1.3
100-299	392	3.9	3.9	1.3	0.0	1.3	0.0
100-299	395	23.4	37.7	6.5	1.3	5.2	6.5
100-299	397	0.0	3.9	0.0	0.0	0.0	0.0
100-299	398	0.0	5.2	0.0	0.0	0.0	0.0
100-299	401	2.6	1.3	0.0	0.0	0.0	1.3
100-299	403	13.0	13.0	2.6	2.6	0.0	2.6
100-299	404	2.6	3.9	2.6	2.6	0.0	0.0
100-299	406	2.6	1.3	1.3	1.3	0.0	0.0
100-299	409	1.3	1.3	0.0	0.0	0.0	1.3
100-299	410	6.5	26.0	0.0	0.0	0.0	5.2
100-299	412	1.3	1.3	1.3	0.0	1.3	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	354	1.3	3.9	0.0	0.0	0	0.0
100-299	355	0.0	1.3	0.0	0.0	0	0.0
100-299	356	0.0	3.9	0.0	0.0	0	0.0
100-299	357	0.0	0.0	0.0	0.0	0	0.0
100-299	358	0.0	1.3	0.0	0.0	0	0.0
100-299	360	0.0	0.0	0.0	0.0	0	0.0
100-299	363	0.0	0.0	0.0	0.0	0	0.0
100-299	364	0.0	0.0	0.0	0.0	0	0.0
100-299	368	0.0	0.0	0.0	0.0	0	1.3
100-299	369	0.0	2.6	0.0	0.0	0	0.0
100-299	389	0.0	0.0	0.0	0.0	0	0.0
100-299	392	0.0	2.6	0.0	0.0	0	0.0
100-299	395	0.0	9.1	0.0	0.0	0	1.3
100-299	397	0.0	0.0	0.0	0.0	0	0.0
100-299	398	0.0	0.0	0.0	0.0	0	0.0
100-299	401	0.0	0.0	1.3	0.0	0	0.0
100-299	403	1.3	2.6	0.0	0.0	0	3.9
100-299	404	0.0	0.0	0.0	0.0	0	0.0
100-299	406	1.3	0.0	0.0	0.0	0	0.0
100-299	409	0.0	0.0	0.0	0.0	0	0.0
100-299	410	1.3	0.0	0.0	0.0	0	0.0
100-299	412	0.0	0.0	0.0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	413	6.5	6.5	5.2	3.9	1.3	0.0
100-299	414	1.3	1.3	0.0	0.0	0.0	0.0
100-299	415	3.9	5.2	2.6	2.6	0.0	0.0
100-299	416	18.2	19.5	6.5	5.2	1.3	0.0
100-299	419	3.9	5.2	1.3	0.0	1.3	0.0
100-299	420	1.3	1.3	0.0	0.0	0.0	1.3
100-299	421	2.6	1.3	1.3	0.0	1.3	0.0
100-299	423	7.8	3.9	3.9	3.9	0.0	1.3
100-299	424	2.6	2.6	1.3	1.3	0.0	0.0
100-299	425	3.9	2.6	1.3	1.3	0.0	1.3
100-299	426	10.4	14.3	7.8	3.9	3.9	1.3
100-299	428	0.0	1.3	0.0	0.0	0.0	0.0
100-299	429	7.8	9.1	2.6	2.6	0.0	1.3
100-299	430	5.2	20.8	1.3	1.3	0.0	1.3
100-299	436	2.6	2.6	0.0	0.0	0.0	0.0
100-299	437	2.6	1.3	1.3	0.0	1.3	0.0
100-299	438	2.6	3.9	0.0	0.0	0.0	0.0
100-299	440	1.3	1.3	0.0	0.0	0.0	0.0
100-299	442	1.3	2.6	0.0	0.0	0.0	0.0
100-299	443	3.9	1.3	1.3	0.0	1.3	0.0
100-299	444	2.6	2.6	1.3	1.3	0.0	1.3
100-299	449	15.6	16.9	9.1	2.6	6.5	1.3

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	413	0.0	1.3	0	0.0	0.0	0.0
100-299	414	0.0	1.3	0	0.0	0.0	0.0
100-299	415	0.0	1.3	0	0.0	0.0	0.0
100-299	416	0.0	6.5	0	1.3	0.0	3.9
100-299	419	0.0	2.6	0	0.0	0.0	0.0
100-299	420	0.0	0.0	0	0.0	0.0	0.0
100-299	421	0.0	1.3	0	0.0	0.0	0.0
100-299	423	0.0	2.6	0	0.0	0.0	0.0
100-299	424	0.0	1.3	0	0.0	0.0	0.0
100-299	425	0.0	0.0	0	0.0	0.0	1.3
100-299	426	0.0	1.3	0	0.0	0.0	0.0
100-299	428	0.0	0.0	0	0.0	0.0	0.0
100-299	429	0.0	3.9	0	0.0	0.0	0.0
100-299	430	0.0	2.6	0	0.0	0.0	0.0
100-299	436	0.0	2.6	0	0.0	0.0	0.0
100-299	437	0.0	1.3	0	0.0	0.0	0.0
100-299	438	0.0	2.6	0	0.0	0.0	0.0
100-299	440	0.0	1.3	0	0.0	0.0	0.0
100-299	442	0.0	1.3	0	0.0	0.0	0.0
100-299	443	1.3	0.0	0	0.0	0.0	1.3
100-299	444	0.0	0.0	0	0.0	0.0	0.0
100-299	449	0.0	3.9	0	0.0	0.0	1.3

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRC AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANCES TO LOWER WEIGHT	CHANCES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	450	3.9	2.6	1.3	0.0	1.3	0.0
100-299	452	2.6	7.8	0.0	0.0	0.0	0.0
100-299	453	0.0	1.3	0.0	0.0	0.0	0.0
100-299	460	1.3	2.6	0.0	0.0	0.0	1.3
100-299	461	2.6	3.9	1.3	1.3	0.0	0.0
100-299	463	3.9	3.9	1.3	1.3	0.0	0.0
100-299	464	2.6	1.3	1.3	0.0	1.3	1.3
100-299	467	2.6	1.3	1.3	1.3	0.0	1.3
100-299	468	27.3	37.7	6.5	5.2	1.3	1.3
300+	1	3.1	7.6	0.0	0.0	0.0	0.0
300+	2	4.6	7.6	0.0	0.0	0.0	0.0
300+	4	3.1	3.1	1.5	1.5	0.0	0.0
300+	5	7.6	18.4	0.0	0.0	0.0	0.0
300+	7	3.1	6.1	0.0	0.0	0.0	1.5
300+	9	1.5	1.5	0.0	0.0	0.0	0.0
300+	10	4.6	6.1	3.1	1.5	1.5	1.5
300+	11	1.5	1.5	0.0	0.0	0.0	0.0
300+	12	7.6	7.6	1.5	1.5	0.0	3.1
300+	13	6.1	6.1	1.5	0.0	1.5	0.0
300+	14	56.6	110.1	13.8	13.8	0.0	3.1
300+	15	47.4	81.0	9.2	4.6	4.6	4.6
300+	17	6.1	6.1	4.6	3.1	1.5	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
100-299	450	0.0	2.6	0	0.0	0.0	0.0
100-299	452	0.0	1.3	0	0.0	0.0	1.3
100-299	453	0.0	0.0	0	0.0	0.0	0.0
100-299	460	0.0	0.0	0	0.0	0.0	0.0
100-299	461	0.0	1.3	0	0.0	0.0	0.0
100-299	463	0.0	2.6	0	0.0	0.0	0.0
100-299	464	0.0	0.0	0	0.0	0.0	0.0
100-299	467	0.0	0.0	0	0.0	0.0	0.0
100-299	468	1.3	13.0	0	1.3	1.3	2.6
300+	1	0.0	3.1	0	0.0	0.0	0.0
300+	2	0.0	3.1	0	0.0	0.0	1.5
300+	4	0.0	1.5	0	0.0	0.0	0.0
300+	5	1.5	6.1	0	0.0	0.0	0.0
300+	7	0.0	1.5	0	0.0	0.0	0.0
300+	9	0.0	1.5	0	0.0	0.0	0.0
300+	10	0.0	0.0	0	0.0	0.0	0.0
300+	11	0.0	0.0	0	1.5	0.0	0.0
300+	12	0.0	3.1	0	0.0	0.0	0.0
300+	13	1.5	1.5	0	0.0	0.0	1.5
300+	14	0.0	32.1	0	0.0	0.0	7.6
300+	15	0.0	27.5	0	0.0	0.0	6.1
300+	17	0.0	1.5	0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRC AND BEDSIZE GLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRG	EVENTS	GASES	DRG CHANGES	CHANGES TO LOWER WEICHT	CHANGES TO HICHER WEICHT	INAPPROPRIATE ADMISSIONS
300+	18	1.5	4.6	0.0	0.0	0.0	0.0
300+	19	3.1	4.6	0.0	0.0	0.0	1.5
300+	22	0.0	3.1	0.0	0.0	0.0	0.0
300+	24	10.7	15.3	6.1	3.1	3.1	1.5
300+	25	10.7	10.7	1.5	0.0	1.5	3.1
300+	27	0.0	3.1	0.0	0.0	0.0	0.0
300+	28	0.0	3.1	0.0	0.0	0.0	0.0
300+	31	3.1	3.1	1.5	0.0	1.5	0.0
300+	34	3.1	3.1	1.5	1.5	0.0	0.0
300+	35	3.1	1.5	1.5	1.5	0.0	0.0
300+	36	1.5	6.1	0.0	0.0	0.0	0.0
300+	38	1.5	1.5	1.5	0.0	1.5	0.0
300+	39	58.1	68.8	1.5	0.0	1.5	55.1
300+	40	1.5	3.1	0.0	0.0	0.0	1.5
300+	42	0.0	1.5	0.0	0.0	0.0	0.0
300+	44	1.5	3.1	0.0	0.0	0.0	1.5
300+	45	1.5	4.6	0.0	0.0	0.0	0.0
300+	46	1.5	1.5	0.0	0.0	0.0	1.5
300+	47	3.1	3.1	0.0	0.0	0.0	3.1
300+	49	1.5	3.1	0.0	0.0	0.0	0.0
300+	50	1.5	1.5	0.0	0.0	0.0	0.0
300+	53	3.1	6.1	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROGEDURES	QUALITY PROBLEMS
300+	18	1.5	0.0	0.0	0.0	0	0.0
300+	19	0.0	1.5	0.0	0.0	0	0.0
300+	22	0.0	0.0	0.0	0.0	0	0.0
300+	24	1.5	1.5	0.0	0.0	0	0.0
300+	25	1.5	3.1	0.0	0.0	0	1.5
300+	27	0.0	0.0	0.0	0.0	0	0.0
300+	28	0.0	0.0	0.0	0.0	0	0.0
300+	31	0.0	1.5	0.0	0.0	0	0.0
300+	34	1.5	0.0	0.0	0.0	0	0.0
300+	35	0.0	1.5	0.0	0.0	0	0.0
300+	36	0.0	1.5	0.0	0.0	0	0.0
300+	38	0.0	0.0	0.0	0.0	0	0.0
300+	39	0.0	0.0	0.0	0.0	0	1.5
300+	40	0.0	0.0	0.0	0.0	0	0.0
300+	42	0.0	0.0	0.0	0.0	0	0.0
300+	44	0.0	0.0	0.0	0.0	0	0.0
300+	45	0.0	1.5	0.0	0.0	0	0.0
300+	46	0.0	0.0	0.0	0.0	0	0.0
300+	47	0.0	0.0	0.0	0.0	0	0.0
300+	49	1.5	0.0	0.0	0.0	0	0.0
300+	50	0.0	1.5	0.0	0.0	0	0.0
300+	53	0.0	3.1	0.0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRC	EVENTS	CASES	DRG CHANGES	CHANCES TO LOWER WEICHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	55	1.5	7.6	0.0	0.0	0.0	1.5
300+	56	1.5	1.5	0.0	0.0	0.0	0.0
300+	63	0.0	1.5	0.0	0.0	0.0	0.0
300+	64	3.1	4.6	1.5	0.0	1.5	1.5
300+	65	6.1	4.6	3.1	0.0	3.1	0.0
300+	66	6.1	7.6	0.0	0.0	0.0	1.5
300+	68	9.2	9.2	3.1	3.1	0.0	3.1
300+	72	3.1	3.1	1.5	0.0	1.5	0.0
300+	73	4.6	4.6	1.5	0.0	1.5	1.5
300+	75	6.1	18.4	1.5	1.5	0.0	0.0
300+	76	1.5	3.1	0.0	0.0	0.0	0.0
300+	77	1.5	1.5	1.5	0.0	1.5	0.0
300+	78	4.6	10.7	3.1	3.1	0.0	0.0
300+	79	12.2	29.1	1.5	1.5	0.0	4.6
300+	80	1.5	3.1	0.0	0.0	0.0	0.0
300+	82	30.6	48.9	7.6	6.1	1.5	9.2
300+	83	0.0	1.5	0.0	0.0	0.0	0.0
300+	84	4.6	1.5	1.5	0.0	1.5	0.0
300+	85	0.0	1.5	0.0	0.0	0.0	0.0
300+	87	30.6	36.7	19.9	18.4	1.5	0.0
300+	88	47.4	64.2	29.1	22.9	6.1	4.6
300+	89	73.4	119.3	16.8	13.8	3.1	4.6

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	55	0.0	0.0	0.0	0.0	0	0.0
300+	56	0.0	1.5	0.0	0.0	0	0.0
300+	63	0.0	0.0	0.0	0.0	0	0.0
300+	64	0.0	0.0	0.0	0.0	0	0.0
300+	65	0.0	3.1	0.0	0.0	0	0.0
300+	66	0.0	4.6	0.0	0.0	0	0.0
300+	68	0.0	1.5	0.0	0.0	0	1.5
300+	72	0.0	1.5	0.0	0.0	0	0.0
300+	73	0.0	1.5	0.0	0.0	0	0.0
300+	75	0.0	4.6	0.0	0.0	0	0.0
300+	76	0.0	1.5	0.0	0.0	0	0.0
300+	77	0.0	0.0	0.0	0.0	0	0.0
300+	78	0.0	1.5	0.0	0.0	0	0.0
300+	79	0.0	4.6	0.0	0.0	0	1.5
300+	80	0.0	1.5	0.0	0.0	0	0.0
300+	82	4.6	6.1	0.0	1.5	0	1.5
300+	83	0.0	0.0	0.0	0.0	0	0.0
300+	84	0.0	1.5	1.5	0.0	0	0.0
300+	85	0.0	0.0	0.0	0.0	0	0.0
300+	87	0.0	9.2	0.0	0.0	0	1.5
300+	88	0.0	12.2	0.0	0.0	0	1.5
300+	89	0.0	38.2	1.5	1.5	0	10.7

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRC	EVENTS	CASES	DRC CHANCES	CHANGES TO LOWER WEICHT	CHANCES TO HICHER WEICHT	INAPPROPRIATE ADMISSIONS
300+	90	10.7	19.9	4.6	1.5	3.1	1.5
300+	91	1.5	1.5	1.5	0.0	1.5	0.0
300+	92	3.1	4.6	1.5	1.5	0.0	0.0
300+	94	1.5	1.5	1.5	1.5	0.0	0.0
300+	96	30.6	67.3	4.6	0.0	4.6	7.6
300+	97	10.7	15.3	4.6	3.1	1.5	3.1
300+	99	13.8	16.8	9.2	3.1	6.1	0.0
300+	100	0.0	3.1	0.0	0.0	0.0	0.0
300+	101	12.2	12.2	4.6	4.6	0.0	1.5
300+	102	1.5	1.5	0.0	0.0	0.0	1.5
300+	104	0.0	3.1	0.0	0.0	0.0	0.0
300+	105	3.1	9.2	0.0	0.0	0.0	0.0
300+	106	4.6	13.8	0.0	0.0	0.0	0.0
300+	107	1.5	13.8	0.0	0.0	0.0	0.0
300+	108	0.0	7.6	0.0	0.0	0.0	0.0
300+	109	4.6	7.6	3.1	1.5	1.5	0.0
300+	110	21.4	36.7	0.0	0.0	0.0	1.5
300+	111	1.5	4.6	0.0	0.0	0.0	0.0
300+	112	7.6	9.2	4.6	1.5	3.1	0.0
300+	113	4.6	7.6	1.5	1.5	0.0	0.0
300+	115	0.0	1.5	0.0	0.0	0.0	0.0
300+	116	3.1	9.2	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	90	0.0	4.6	0.0	0.0	0.0	0.0
300+	91	0.0	0.0	0.0	0.0	0.0	0.0
300+	92	0.0	1.5	0.0	0.0	0.0	0.0
300+	94	0.0	0.0	0.0	0.0	0.0	0.0
300+	96	0.0	15.3	1.5	0.0	0.0	1.5
300+	97	0.0	3.1	0.0	0.0	0.0	0.0
300+	99	0.0	4.6	0.0	0.0	0.0	0.0
300+	100	0.0	0.0	0.0	0.0	0.0	0.0
300+	101	3.1	3.1	0.0	0.0	0.0	0.0
300+	102	0.0	0.0	0.0	0.0	0.0	0.0
300+	104	0.0	0.0	0.0	0.0	0.0	0.0
300+	105	1.5	1.5	0.0	0.0	0.0	0.0
300+	106	0.0	4.6	0.0	0.0	0.0	0.0
300+	107	1.5	0.0	0.0	0.0	0.0	0.0
300+	108	0.0	0.0	0.0	0.0	0.0	0.0
300+	109	0.0	1.5	0.0	0.0	0.0	0.0
300+	110	3.1	13.8	0.0	0.0	0.0	3.1
300+	111	0.0	1.5	0.0	0.0	0.0	0.0
300+	112	0.0	3.1	0.0	0.0	0.0	0.0
300+	113	1.5	1.5	0.0	0.0	0.0	0.0
300+	115	0.0	0.0	0.0	0.0	0.0	0.0
300+	116	0.0	3.1	0.0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRC AND BEDSIZE GLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES	DRG CHANCES	CHANCES TO LOWER WEIGHT	CHANCES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	117	3.1	4.6	0.0	0.0	0.0	0.0
300+	118	1.5	6.1	0.0	0.0	0.0	0.0
300+	121	10.7	35.2	6.1	4.6	1.5	0.0
300+	122	16.8	50.5	10.7	3.1	7.6	0.0
300+	123	1.5	26.0	1.5	1.5	0.0	0.0
300+	124	7.6	21.4	4.6	4.6	0.0	0.0
300+	125	4.6	38.2	0.0	0.0	0.0	0.0
300+	127	104.0	180.4	22.9	15.3	7.6	6.1
300+	128	7.6	16.8	3.1	0.0	3.1	3.1
300+	129	0.0	4.6	0.0	0.0	0.0	0.0
300+	130	13.8	26.0	4.6	3.1	1.5	1.5
300+	131	4.6	9.2	3.1	1.5	1.5	0.0
300+	I32	15.3	15.3	12.2	10.7	1.5	0.0
300+	134	9.2	10.7	1.5	0.0	1.5	0.0
300+	135	9.2	9.2	3.1	1.5	1.5	1.5
300+	136	1.5	1.5	1.5	0.0	1.5	0.0
300+	138	36.7	70.3	9.2	6.1	3.1	4.6
300+	139	4.6	9.2	1.5	0.0	1.5	I.5
300+	140	62.7	108.6	15.3	6.1	9.2	1.5
300+	141	18.4	35.2	1.5	0.0	1.5	1.5
300+	142	3.1	6.1	0.0	0.0	0.0	0.0
300+	143	16.8	27.5	6.1	0.0	6.1	1.5

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOGS BEFORE DISCHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
300+	117	0.0	3.1	0.0	0.0	0.0	0.0
300+	118	1.5	0.0	0.0	0.0	0.0	0.0
300+	121	0.0	3.1	1.5	0.0	0.0	0.0
300+	122	0.0	4.6	0.0	0.0	0.0	1.5
300+	123	0.0	0.0	0.0	0.0	0.0	0.0
300+	I24	0.0	3.1	0.0	0.0	0.0	0.0
300+	125	1.5	3.1	0.0	0.0	0.0	0.0
300+	127	0.0	68.8	0.0	0.0	0.0	6.1
300+	128	0.0	1.5	0.0	0.0	0.0	0.0
300+	129	0.0	0.0	0.0	0.0	0.0	0.0
300+	130	0.0	7.6	0.0	0.0	0.0	0.0
300+	131	0.0	1.5	0.0	0.0	0.0	0.0
300+	132	0.0	3.1	0.0	0.0	0.0	0.0
300+	134	0.0	6.1	0.0	0.0	0.0	1.5
300+	135	0.0	4.6	0.0	0.0	0.0	0.0
300+	136	0.0	0.0	0.0	0.0	0.0	0.0
300+	I38	0.0	16.8	0.0	1.5	1.5	3.1
300+	139	0.0	1.5	0.0	0.0	0.0	0.0
300+	140	0.0	42.8	0.0	0.0	0.0	3.1
300+	141	0.0	15.3	0.0	0.0	0.0	0.0
300+	142	0.0	3.1	0.0	0.0	0.0	0.0
300+	143	0.0	6.1	0.0	1.5	0.0	1.5

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRC	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANCES TO HICHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	144	22.9	22.9	7.6	7.6	0.0	0.0
300+	145	1.5	3.1	0.0	0.0	0.0	0.0
300+	146	4.6	7.6	0.0	0.0	0.0	0.0
300+	148	18.4	36.7	1.5	0.0	1.5	0.0
300+	149	6.1	4.6	1.5	0.0	1.5	0.0
300+	150	4.6	4.6	3.1	1.5	1.5	0.0
300+	151	0.0	1.5	0.0	0.0	0.0	0.0
300+	152	3.1	3.1	0.0	0.0	0.0	1.5
300+	153	1.5	3.1	0.0	0.0	0.0	0.0
300+	154	I3.8	29.1	1.5	1.5	0.0	0.0
300+	155	3.1	1.5	1.5	1.5	0.0	1.5
300+	I57	7.6	I5.3	3.1	0.0	3.1	3.1
300+	158	4.6	4.6	3.1	0.0	3.1	1.5
300+	159	4.6	4.6	I.5	1.5	0.0	0.0
300+	I60	1.5	6.1	0.0	0.0	0.0	0.0
300+	161	16.8	33.6	1.5	0.0	1.5	0.0
300+	162	3.1	7.6	0.0	0.0	0.0	0.0
300+	166	7.6	4.6	0.0	0.0	0.0	0.0
300+	168	0.0	4.6	0.0	0.0	0.0	0.0
300+	170	1.5	4.6	1.5	1.5	0.0	0.0
300+	172	I6.8	26.0	9.2	7.6	1.5	I.5
300+	173	0.0	1.5	0.0	0.0	0.0	0.0

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	144	0.0	9.2	0	1.5	0.0	4.6
300+	145	0.0	0.0	0	0.0	0.0	I.5
300+	146	0.0	3.1	0	0.0	0.0	1.5
300+	148	4.6	I0.7	0	0.0	0.0	1.5
300+	149	3.1	1.5	0	0.0	0.0	0.0
300+	150	0.0	I.5	0	0.0	0.0	0.0
300+	I5I	0.0	0.0	0	0.0	0.0	0.0
300+	152	0.0	1.5	0	0.0	0.0	0.0
300+	153	0.0	1.5	0	0.0	0.0	0.0
300+	154	0.0	I0.7	0	0.0	0.0	1.5
300+	155	0.0	0.0	0	0.0	0.0	0.0
300+	157	1.5	0.0	0	0.0	0.0	0.0
300+	158	0.0	0.0	0	0.0	0.0	0.0
300+	I59	1.5	I.5	0	0.0	0.0	0.0
300+	I60	0.0	1.5	0	0.0	0.0	0.0
300+	161	4.6	9.2	0	1.5	0.0	0.0
300+	162	0.0	3.1	0	0.0	0.0	0.0
300+	I66	0.0	3.I	0	0.0	I.5	3.1
300+	168	0.0	0.0	0	0.0	0.0	0.0
300+	170	0.0	0.0	0	0.0	0.0	0.0
300+	172	0.0	4.6	0	0.0	0.0	I.5
300+	173	0.0	0.0	0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	174	42.8	62.7	7.6	3.1	4.6	6.1
300+	175	4.6	4.6	1.5	0.0	1.5	1.5
300+	176	1.5	1.5	1.5	1.5	0.0	0.0
300+	177	9.2	10.7	3.1	1.5	1.5	3.1
300+	178	0.0	1.5	0.0	0.0	0.0	0.0
300+	179	0.0	3.1	0.0	0.0	0.0	0.0
300+	180	6.1	12.2	1.5	1.5	0.0	1.5
300+	181	1.5	3.1	0.0	0.0	0.0	0.0
300+	182	64.2	90.2	12.2	3.1	9.2	16.8
300+	183	15.3	16.8	6.1	0.0	6.1	0.0
300+	188	9.2	15.3	3.1	0.0	3.1	1.5
300+	189	1.5	1.5	0.0	0.0	0.0	1.5
300+	193	1.5	3.1	0.0	0.0	0.0	0.0
300+	195	6.1	15.3	0.0	0.0	0.0	0.0
300+	196	1.5	1.5	0.0	0.0	0.0	0.0
300+	197	7.6	10.7	0.0	0.0	0.0	0.0
300+	198	0.0	1.5	0.0	0.0	0.0	0.0
300+	200	1.5	1.5	1.5	1.5	0.0	0.0
300+	201	0.0	3.1	0.0	0.0	0.0	0.0
300+	202	9.2	7.6	1.5	0.0	1.5	4.6
300+	203	6.1	13.8	3.1	3.1	0.0	0.0
300+	204	9.2	12.2	0.0	0.0	0.0	1.5

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISGHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
300+	174	0.0	26.0	0	0.0	0.0	3.1
300+	175	0.0	0.0	0	0.0	0.0	1.5
300+	176	0.0	0.0	0	0.0	0.0	0.0
300+	177	0.0	3.1	0	0.0	0.0	0.0
300+	178	0.0	0.0	0	0.0	0.0	0.0
300+	179	0.0	0.0	0	0.0	0.0	0.0
300+	180	0.0	3.1	0	0.0	0.0	0.0
300+	181	0.0	1.5	0	0.0	0.0	0.0
300+	182	0.0	30.6	0	1.5	0.0	3.1
300+	183	0.0	7.6	0	0.0	0.0	1.5
300+	188	0.0	4.6	0	0.0	0.0	0.0
300+	189	0.0	0.0	0	0.0	0.0	0.0
300+	193	1.5	0.0	0	0.0	0.0	0.0
300+	195	0.0	6.1	0	0.0	0.0	0.0
300+	196	0.0	1.5	0	0.0	0.0	0.0
300+	197	0.0	7.6	0	0.0	0.0	0.0
300+	198	0.0	0.0	0	0.0	0.0	0.0
300+	200	0.0	0.0	0	0.0	0.0	0.0
300+	201	0.0	0.0	0	0.0	0.0	0.0
300+	202	0.0	3.1	0	0.0	0.0	0.0
300+	203	0.0	3.1	0	0.0	0.0	0.0
300+	204	0.0	7.6	0	0.0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	205	6.1	7.6	1.5	1.5	0.0	1.5
300+	206	1.5	1.5	1.5	1.5	0.0	0.0
300+	207	15.3	19.9	1.5	0.0	1.5	4.6
300+	208	1.5	1.5	0.0	0.0	0.0	1.5
300+	209	59.6	73.4	0.0	0.0	0.0	0.0
300+	210	30.6	35.2	4.6	4.6	0.0	0.0
300+	211	3.1	3.1	1.5	0.0	1.5	0.0
300+	213	1.5	1.5	0.0	0.0	0.0	0.0
300+	214	7.6	16.8	0.0	0.0	0.0	0.0
300+	215	13.8	15.3	1.5	0.0	1.5	0.0
300+	216	0.0	3.1	0.0	0.0	0.0	0.0
300+	217	0.0	1.5	0.0	0.0	0.0	0.0
300+	218	0.0	3.1	0.0	0.0	0.0	0.0
300+	219	3.1	3.1	0.0	0.0	0.0	0.0
300+	221	3.1	6.1	0.0	0.0	0.0	1.5
300+	222	1.5	3.1	0.0	0.0	0.0	1.5
300+	223	3.1	6.1	0.0	0.0	0.0	0.0
300+	225	13.8	13.8	0.0	0.0	0.0	3.1
300+	226	1.5	3.1	1.5	0.0	1.5	0.0
300+	227	1.5	1.5	0.0	0.0	0.0	1.5
300+	229	4.6	6.1	1.5	0.0	1.5	0.0
300+	231	4.6	4.6	4.6	1.5	3.1	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
300+	205	0.0	3.1	0	0	0.0	0.0
300+	206	0.0	0.0	0	0	0.0	0.0
300+	207	0.0	7.6	0	0	0.0	1.5
300+	208	0.0	0.0	0	0	0.0	0.0
300+	209	9.2	18.9	0	0	0.0	1.5
300+	210	1.5	24.5	0	0	0.0	0.0
300+	211	0.0	1.5	0	0	0.0	0.0
300+	213	0.0	1.5	0	0	0.0	0.0
300+	214	1.5	6.1	0	0	0.0	0.0
300+	215	1.5	10.7	0	0	0.0	0.0
300+	216	0.0	0.0	0	0	0.0	0.0
300+	217	0.0	0.0	0	0	0.0	0.0
300+	218	0.0	0.0	0	0	0.0	0.0
300+	219	0.0	3.1	0	0	0.0	0.0
300+	221	0.0	1.5	0	0	0.0	0.0
300+	222	0.0	0.0	0	0	0.0	0.0
300+	223	0.0	3.1	0	0	0.0	0.0
300+	225	0.0	9.2	0	0	0.0	1.5
300+	226	0.0	0.0	0	0	0.0	0.0
300+	227	0.0	0.0	0	0	0.0	0.0
300+	229	0.0	3.1	0	0	0.0	0.0
300+	231	0.0	0.0	0	0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRC AND BEDSIZE CLASS
CASE-WEICHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRC	EVENTS	CASES	DRG CHANCES	CHANCES TO LOWER WEICHT	CHANCES TO HICHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	236	12.2	15.3	1.5	1.5	0.0	1.5
300+	239	22.9	24.5	6.1	3.1	3.1	7.6
300+	240	12.2	10.7	3.1	3.1	0.0	6.1
300+	241	1.5	1.5	0.0	0.0	0.0	1.5
300+	242	1.5	1.5	0.0	0.0	0.0	0.0
300+	243	55.1	61.2	6.1	1.5	4.6	10.7
300+	244	3.1	6.1	0.0	0.0	0.0	0.0
300+	245	3.1	3.1	1.5	0.0	1.5	1.5
300+	247	4.6	4.6	1.5	0.0	1.5	1.5
300+	248	3.1	3.1	0.0	0.0	0.0	0.0
300+	249	0.0	1.5	0.0	0.0	0.0	0.0
300+	250	6.1	4.6	1.5	0.0	1.5	1.5
300+	253	7.6	7.6	1.5	0.0	1.5	3.1
300+	256	1.5	4.6	0.0	0.0	0.0	0.0
300+	257	4.6	7.6	1.5	0.0	1.5	0.0
300+	261	4.6	3.1	1.5	1.5	0.0	3.1
300+	262	1.5	6.1	0.0	0.0	0.0	0.0
300+	263	3.1	4.6	0.0	0.0	0.0	0.0
300+	264	3.1	3.1	1.5	0.0	1.5	1.5
300+	265	3.1	3.1	0.0	0.0	0.0	0.0
300+	266	3.1	3.1	0.0	0.0	0.0	1.5
300+	268	0.0	1.5	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	236	0.0	9.2	0	0	0.0	0 0
300+	239	0.0	7.6	0	0	0.0	1.5
300+	240	0.0	3.1	0	0	0.0	0.0
300+	241	0.0	0.0	0	0	0.0	0.0
300+	242	0.0	1.5	0	0	0.0	0.0
300+	243	0.0	32.1	0	0	1.5	4.6
300+	244	0.0	3.1	0	0	0.0	0.0
300+	245	0.0	0.0	0	0	0.0	0.0
300+	247	1.5	0.0	0	0	0.0	0.0
300+	248	0.0	3.1	0	0	0.0	0.0
300+	249	0.0	0.0	0	0	0.0	0.0
300+	250	0.0	3.1	0	0	0.0	0.0
300+	253	0.0	3.1	0	0	0.0	0.0
300+	256	0.0	1.5	0	0	0.0	0.0
300+	257	0 0	3.1	0	0	0.0	0.0
300+	261	0 0	0.0	0	0	0.0	0 0
300+	262	0.0	1.5	0	0	0 0	0.0
300+	263	1.5	1.5	0	0	0.0	0.0
300+	264	0.0	0.0	0	0	0 0	0.0
300+	265	0.0	3.1	0	0	0 0	0.0
300+	266	0.0	1.5	0	0	0.0	0.0
300+	26B	0.0	0.0	0	0	0.0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRC AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANCES	CHANCES TO LOWER WEIGHT	CHANCES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	269	6.1	4.6	3.1	0.0	3.1	1.5
300+	270	1.5	3.1	1.5	0.0	1.5	0.0
300+	271	6.1	6.1	3.1	1.5	1.5	1.5
300+	272	4.6	7.6	1 5	1.5	0.0	1.5
300+	273	0.0	1.5	0.0	0.0	0.0	0.0
300+	277	1.5	10.7	1.5	1.5	0.0	0.0
300+	280	3.1	3.1	0.0	0.0	0.0	0.0
300+	283	4 6	4.6	0.0	0.0	0.0	1.5
300+	285	4.6	3.1	1.5	1.5	0.0	0.0
300+	286	1.5	1.5	0.0	0.0	0.0	0.0
300+	289	0.0	1.5	0.0	0.0	0.0	0.0
300+	290	1.5	1.5	0.0	0.0	0.0	0.0
300+	292	1.5	1.5	0.0	0.0	0.0	0.0
300+	294	21.4	35.2	3.1	0 0	3.1	3.1
300+	295	1.5	1.5	0.0	0.0	0.0	0.0
300+	296	39.8	67.3	10.7	7.6	3.1	3.1
300+	297	1.5	1.5	1.5	0.0	1.5	0.0
300+	299	1.5	1.5	1.5	1.5	0.0	0.0
300+	300	3.1	4.6	0.0	0.0	0 0	0.0
300+	301	0.0	1.5	0.0	0.0	0.0	0.0
300+	302	0.0	3.1	0.0	0.0	0.0	0.0
300+	303	4.6	10.7	0 0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	269	0.0	0.0	0	0	0.0	1.5
300+	270	0.0	0.0	0	0	0.0	0.0
300+	271	0.0	1.5	0	0	0 0	0.0
300+	272	0.0	1.5	0	0	0 0	0.0
300+	273	0.0	0.0	0	0	0 0	0.0
300+	277	0.0	0.0	0	0	0.0	0.0
300+	2B0	0.0	3.1	0	0	0.0	0.0
300+	283	0 0	1.5	0	0	0.0	1.5
300+	2B5	1.5	1.5	0	0	0.0	0.0
300+	286	0.0	1.5	0	0	0.0	0.0
300+	2B9	0.0	0.0	0	0	0.0	0.0
300+	290	0.0	1.5	0	0	0.0	0.0
300+	292	0.0	1.5	0	0	0 0	0.0
300+	294	0.0	15.3	0	0	0.0	0.0
300+	295	0.0	1.5	0	0	0 0	0.0
300+	296	0.0	22.9	0	0	0 0	3.1
300+	297	0.0	0.0	0	0	0 0	0.0
300+	299	0 0	0 0	0	0	0.0	0.0
300+	300	1 5	1.5	0	0	0.0	0 0
300+	301	0 0	0 0	0	0	0 0	0 0
300+	302	0 0	0 0	0	0	0.0	0.0
300+	303	3.1	0.0	0	0	1.5	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
GASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	GASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	304	4.6	4.6	0.0	0.0	0.0	0.0
300+	306	10.7	21.4	3.1	3.1	0.0	0.0
300+	307	1.5	3.1	1.5	0.0	1.5	0.0
300+	308	7.6	9.2	4.6	4.6	0.0	0.0
300+	309	3.1	1.5	1.5	1.5	0.0	1.5
300+	310	4.6	21.4	0.0	0.0	0.0	3.1
300+	311	6.1	6.1	3.1	0.0	3.1	3.1
300+	312	1.5	4.6	1.5	1.5	0.0	0.0
300+	313	0.0	1.5	0.0	0.0	0.0	0.0
300+	315	0.0	6.1	0.0	0.0	0.0	0.0
300+	316	1.5	10.7	1.5	1.5	0.0	0.0
300+	318	1.5	1.5	0.0	0.0	0.0	0.0
300+	320	18.4	33.6	9.2	0.0	9.2	0.0
300+	321	1.5	3.1	0.0	0.0	0.0	0.0
300+	323	4.6	12.2	1.5	0.0	1.5	1.5
300+	324	0.0	1.5	0.0	0.0	0.0	0.0
300+	325	15.3	15.3	4.6	1.5	3.1	6.1
300+	328	0.0	1.5	0.0	0.0	0.0	0.0
300+	331	12.2	12.2	3.1	1.5	1.5	1.5
300+	332	1.5	3.1	1.5	0.0	1.5	0.0
300+	334	1.5	3.1	1.5	1.5	0.0	0.0
300+	335	0.0	3.1	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROGEDURES	QUALITY PROBLEMS
300+	304	0.0	4.6	0.0	0	0	0.0
300+	306	4.6	3.1	0.0	0	0	0.0
300+	307	0.0	0.0	0.0	0	0	0.0
300+	308	1.5	0.0	0.0	0	0	1.5
300+	309	0.0	0.0	0.0	0	0	0.0
300+	310	0.0	1.5	0.0	0	0	0.0
300+	311	0.0	0.0	0.0	0	0	0.0
300+	312	0.0	0.0	0.0	0	0	0.0
300+	313	0.0	0.0	0.0	0	0	0.0
300+	315	0.0	0.0	0.0	0	0	0.0
300+	316	0.0	0.0	0.0	0	0	0.0
300+	318	0.0	1.5	0.0	0	0	0.0
300+	320	0.0	7.6	0.0	0	0	1.5
300+	321	0.0	1.5	0.0	0	0	0.0
300+	323	0.0	1.5	0.0	0	0	0.0
300+	324	0.0	0.0	0.0	0	0	0.0
300+	325	0.0	4.6	0.0	0	0	0.0
300+	328	0.0	0.0	0.0	0	0	0.0
300+	331	0.0	6.1	0.0	0	0	1.5
300+	332	0.0	0.0	0.0	0	0	0.0
300+	334	0.0	0.0	0.0	0	0	0.0
300+	335	0.0	0.0	0.0	0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
GASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	GASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	336	33.6	68.8	3.1	1.5	1.5	0.0
300+	337	4.6	10.7	0.0	0.0	0.0	0.0
300+	338	3.1	7.6	0.0	0.0	0.0	0.0
300+	339	1.5	4.6	0.0	0.0	0.0	0.0
300+	342	3.1	4.6	0.0	0.0	0.0	1.5
300+	344	0.0	3.1	0.0	0.0	0.0	0.0
300+	345	3.1	3.1	1.5	0.0	1.5	0.0
300+	346	3.1	9.2	0.0	0.0	0.0	1.5
300+	348	6.1	6.1	1.5	0.0	1.5	3.1
300+	349	1.5	3.1	0.0	0.0	0.0	1.5
300+	350	0.0	4.6	0.0	0.0	0.0	0.0
300+	353	0.0	3.1	0.0	0.0	0.0	0.0
300+	354	10.7	16.8	1.5	1.5	0.0	0.0
300+	355	0.0	1.5	0.0	0.0	0.0	0.0
300+	356	3.1	9.2	0.0	0.0	0.0	0.0
300+	358	1.5	1.5	0.0	0.0	0.0	1.5
300+	360	0.0	1.5	0.0	0.0	0.0	0.0
300+	363	3.1	3.1	0.0	0.0	0.0	3.1
300+	364	4.6	9.2	1.5	0.0	1.5	1.5
300+	366	3.1	3.1	1.5	1.5	0.0	1.5
300+	367	3.1	1.5	1.5	0.0	1.5	0.0
300+	369	0.0	1.5	0.0	0.0	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
300+	336	12.2	15.3	0.0	0.0	0	3.1
300+	337	0.0	4.6	0.0	0.0	0	0.0
300+	338	1.5	1.5	0.0	0.0	0	0.0
300+	339	0.0	1.5	0.0	0.0	0	0.0
300+	342	0.0	1.5	0.0	0.0	0	0.0
300+	344	0.0	0.0	0.0	0.0	0	0.0
300+	345	0.0	1.5	0.0	0.0	0	0.0
300+	346	0.0	1.5	0.0	0.0	0	0.0
300+	348	0.0	1.5	0.0	0.0	0	0.0
300+	349	0.0	0.0	0.0	0.0	0	0.0
300+	350	0.0	0.0	0.0	0.0	0	0.0
300+	353	0.0	0.0	0.0	0.0	0	0.0
300+	354	1.5	7.6	0.0	0.0	0	0.0
300+	355	0.0	0.0	0.0	0.0	0	0.0
300+	356	0.0	3.1	0.0	0.0	0	0.0
300+	358	0.0	0.0	0.0	0.0	0	0.0
300+	360	0.0	0.0	0.0	0.0	0	0.0
300+	363	0.0	0.0	0.0	0.0	0	0.0
300+	364	0.0	1.5	0.0	0.0	0	0.0
300+	366	0.0	0.0	0.0	0.0	0	0.0
300+	367	0.0	1.5	0.0	0.0	0	0.0
300+	369	0.0	0.0	0.0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	392	1.5	1.5	0.0	0.0	0.0	0.0
300+	395	15.3	30.6	0.0	0.0	0.0	3.1
300+	397	1.5	1.5	1.5	1.5	0.0	0.0
300+	398	1.5	4.6	0.0	0.0	0.0	0.0
300+	400	3.1	4.6	1.5	1.5	0.0	0.0
300+	402	0.0	I.5	0.0	0.0	0.0	0.0
300+	403	13.8	21.4	3.1	3.1	0.0	3.1
300+	404	1.5	1.5	1.5	1.5	0.0	0.0
300+	406	1.5	1.5	1 5	0.0	1.5	0.0
300+	407	1.5	1.5	1.5	1.5	0.0	0.0
300+	409	1.5	4 6	1.5	1.5	0.0	0.0
300+	410	12.2	56.6	3.1	0.0	3 1	4.6
300+	411	0.0	1.5	0.0	0.0	0.0	0.0
300+	412	1.5	1.5	1.5	0.0	1.5	0.0
300+	413	1.5	10.7	0 0	0.0	0.0	1.5
300+	415	16.8	18 4	9.2	9.2	0.0	0.0
300+	416	29.1	35.2	15.3	15.3	0.0	0.0
300+	418	1.5	4 6	0.0	0.0	0.0	0.0
300+	419	6.1	6 1	1.5	0.0	1.5	1.5
300+	421	1.5	6 1	0.0	0.0	0.0	0.0
300+	423	10.7	9 2	7.6	7.6	0.0	1.5
300+	424	4.6	7.6	3.1	3.1	0.0	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	392	0.0	1.5	0.0	0.0	0	0.0
300+	395	0.0	9.2	1.5	0.0	0	1.5
300+	397	0.0	0.0	0.0	0.0	0	0.0
300+	398	0.0	I.5	0.0	0.0	0	0.0
300+	400	1.5	0.0	0.0	0.0	0	0.0
300+	402	0.0	0.0	0.0	0.0	0	0.0
300+	403	1.5	4.6	0.0	0.0	0	1.5
300+	404	0.0	0.0	0.0	0.0	0	0.0
300+	406	0.0	0.0	0.0	0.0	0	0.0
300+	407	0.0	0.0	0.0	0.0	0	0.0
300+	409	0.0	0.0	0.0	0.0	0	0.0
300+	410	0.0	4.6	0.0	0.0	0	0.0
300+	411	0.0	0.0	0.0	0.0	0	0.0
300+	412	0.0	0.0	0.0	0.0	0	0.0
300+	413	0.0	0.0	0.0	0.0	0	0.0
300+	415	0.0	6.1	0.0	0.0	0	1.5
300+	416	0.0	9.2	0.0	0.0	0	4.6
300+	418	0.0	1.5	0.0	0.0	0	0.0
300+	419	0.0	3.1	0.0	0 0	0	0.0
300+	421	0.0	1.5	0.0	0.0	0	0.0
300+	423	0.0	1.5	0.0	0.0	0	0.0
300+	424	0.0	1.5	0.0	0.0	0	0.0

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	425	4.6	9.2	1.5	0.0	1.5	0.0
300+	426	4.6	6.1	1.5	1.5	0.0	0.0
300+	428	3.1	1.5	1.5	1.5	0.0	1.5
300+	429	6.1	4.6	1.5	1.5	0.0	1.5
300+	430	6.1	16.8	4.6	3.1	1.5	0.0
300+	432	1.5	1.5	0.0	0.0	0.0	0.0
300+	436	4.6	4.6	1.5	1.5	0.0	0.0
300+	437	1.5	1.5	0.0	0.0	0.0	0.0
300+	438	4.6	9.2	0.0	0.0	0.0	3.1
300+	439	0.0	3.1	0.0	0.0	0.0	0.0
300+	442	3.1	10.7	0.0	0.0	0.0	0.0
300+	443	0.0	1.5	0.0	0.0	0.0	0.0
300+	449	6.1	12.2	6.1	1.5	4.6	0.0
300+	450	1.5	1.5	1.5	0.0	1.5	0.0
300+	452	12.2	10.7	7.6	1.5	6.1	0.0
300+	454	4.6	3.1	3.1	1.5	1.5	0.0
300+	460	1.5	3.1	0.0	0.0	0.0	0.0
300+	461	3.1	3.1	1.5	0.0	1.5	1.5
300+	463	0.0	3.1	0.0	0.0	0.0	0.0
300+	464	1.5	3.1	I.5	0.0	1.5	0.0
300+	466	1.5	1.5	1.5	1.5	0.0	0.0
300+	467	4.6	6.1	3.1	1.5	1.5	0.0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	425	0	I.5	0	0.0	0	1.5
300+	426	0	0.0	0	1.5	0	1 5
300+	428	0	0.0	0	0.0	0	0 0
300+	429	0	3.1	0	0.0	0	0.0
300+	430	0	0.0	0	0.0	0	1.5
300+	432	0	1.5	0	0.0	0	0.0
300+	436	0	3.1	0	0.0	0	0.0
300+	437	0	1.5	0	0.0	0	0.0
300+	438	0	1.5	0	0.0	0	0.0
300+	439	0	0 0	0	0.0	0	0.0
300+	442	0	3.1	0	0.0	0	0.0
300+	443	0	0.0	0	0.0	0	0.0
300+	449	0	0.0	0	0.0	0	0.0
300+	450	0	0.0	0	0.0	0	0.0
300+	452	0	3.1	0	0.0	0	1.5
300+	454	0	1.5	0	0.0	0	0.0
300+	460	0	1.5	0	0.0	0	0 0
300+	46I	0	0.0	0	0.0	0	0.0
300+	463	0	0.0	0	0.0	0	0.0
300+	464	0	0.0	0	0.0	0	0.0
300+	466	0	0 0	0	0.0	0	0.0
300+	467	0	0.0	0	0.0	0	1 5

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
NUMBER OF EVENTS (1000S) BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	468	21.4	42.8	12.2	10.7	1.5	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
300+	468	0	7.6	0	0	0	1.5

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	TOTAL	0.655	8277.0	0.186	0.111	0.074	0.100
ALL	1	0.377	11.5	0.000	0.000	0.000	0.000
ALL	2	0.600	7.6	0.000	0.000	0.000	0.000
ALL	4	1.000	4.4	0.351	0.351	0.000	0.000
ALL	5	0.474	34 0	0.000	0.000	0.000	0.000
ALL	7	0.588	7.4	0.000	0.000	0.000	0.206
ALL	9	0.540	2.8	0.000	0.000	0.000	0.000
ALL	10	0.707	18.6	0.201	0.118	0.082	0.188
ALL	11	1.000	1.5	0.000	0.000	0.000	0.000
ALL	12	1.028	22.7	0.442	0.355	0.087	0.278
ALL	13	1.000	8.7	0.175	0.000	0.175	0.000
ALL	14	0.581	249.4	0.166	0.158	0.008	0.044
ALL	15	0.699	174.8	0.135	0.049	0.086	0.083
ALL	16	1.440	10.5	0.752	0.188	0.564	0.000
ALL	17	1.191	14.0	0.703	0.454	0.249	0.236
ALL	18	0.697	14.4	0.090	0.090	0.000	0.139
ALL	19	0.667	4.6	0.000	0.000	0.000	0.333
ALL	20	1.000	2.6	0.254	0.254	0.000	0.000
ALL	22	0.733	19.0	0.210	0.174	0.035	0.139
ALL	23	0.340	2.0	0.340	0.340	0.000	0.000
ALL	24	0.819	47.5	0.183	0.092	0.092	0.171
ALL	25	1.000	15.9	0.178	0.000	0.178	0.192

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	TOTAL	0.018	0.280	0.005	0.008	0.002	0.055
ALL	1	0.113	0.265	0.000	0.000	0.000	0.000
ALL	2	0.000	0.400	0.000	0.000	0.000	0.200
ALL	4	0.298	0.351	0.000	0.000	0.000	0.000
ALL	5	0.122	0.314	0.038	0.000	0.000	0.000
ALL	7	0.000	0.382	0.000	0.000	0.000	0.000
ALL	9	0.000	0.540	0.000	0.000	0.000	0.000
ALL	10	0.000	0.318	0.000	0.000	0.000	0.000
ALL	11	0.000	0.000	0.000	1.000	0.000	0.000
ALL	12	0.000	0.308	0.000	0.000	0.000	0.000
ALL	13	0.175	0.474	0.000	0.000	0.000	0.175
ALL	14	0.000	0.253	0.013	0.003	0.000	0.102
ALL	15	0.007	0.367	0.004	0.004	0.000	0.099
ALL	16	0.000	0.688	0.000	0.000	0.000	0.000
ALL	17	0.000	0.204	0.000	0.000	0.000	0.048
ALL	18	0.106	0.361	0.000	0.000	0.000	0.000
ALL	19	0.000	0.333	0.000	0.000	0.000	0.000
ALL	20	0.000	0.746	0 000	0 000	0.000	0.000
ALL	22	0.000	0.314	0.000	0.000	0.000	0.071
ALL	23	0.000	0 000	0.000	0.000	0.000	0.000
ALL	24	0.032	0.294	0.000	0 000	0.000	0.138
ALL	25	0.096	0 438	0.000	0.000	0.000	0.096

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	27	0.392	5.0	0.259	0.259	0.000	0.000
ALL	28	0.173	11.6	0.000	0.000	0.000	0.000
ALL	31	0.656	7.7	0.199	0.000	0.199	0.000
ALL	32	0.500	1.3	0.000	0.000	0.000	0.000
ALL	34	1.000	4.4	0.351	0.351	0.000	0.000
ALL	35	2.000	1.5	1.000	1.000	0.000	0.000
ALL	36	0.206	7.4	0.000	0.000	0.000	0.000
ALL	38	0.696	2.2	0.696	0.000	0.696	0.000
ALL	39	0.847	112.5	0.014	0.000	0.014	0.802
ALL	40	0.649	4.4	0.000	0.000	0 000	0.351
ALL	42	0.460	2.8	0.000	0.000	0.000	0.000
ALL	43	1.000	0.7	0.000	0.000	0.000	0.000
ALL	44	0.500	3.1	0.000	0.000	0.000	0.500
ALL	45	0.481	5.9	0.000	0.000	0.000	0.221
ALL	46	1.304	2.2	0.304	0.000	0.304	1.000
ALL	47	1.000	5.0	0.000	0.000	0.000	0.867
ALL	49	0.500	3.1	0.000	0.000	0.000	0.000
ALL	50	0.540	2.8	0.000	0.000	0.000	0.000
ALL	51	0.000	1.3	0.000	0.000	0.000	0.000
ALL	53	0.364	12.0	0.108	0.000	0.108	0.000
ALL	55	0.132	11.5	0.000	0.000	0.000	0.132
ALL	56	0.521	5.4	0 239	0.000	0.239	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	27	0.000	0.000	0.000	0.000	0.000	0.133
ALL	28	0.000	0.116	0.000	0.000	0.000	0.058
ALL	31	0.000	0.369	0.000	0.000	0.000	0.087
ALL	32	0.000	0.500	0.000	0.000	0.000	0.000
ALL	34	0.351	0.298	0.000	0.000	0.000	0 000
ALL	35	0.000	1.000	0.000	0.000	0.000	0.000
ALL	36	0.000	0.206	0.000	0.000	0.000	0.000
ALL	38	0.000	0.000	0.000	0.000	0.000	0.000
ALL	39	0.000	0.012	0.000	0.000	0.000	0.020
ALL	40	0.000	0.298	0.000	0.000	0.000	0.000
ALL	42	0.000	0.460	0.000	0.000	0.000	0.000
ALL	43	0.000	1.000	0.000	0.000	0.000	0.000
ALL	44	0.000	0.000	0.000	0.000	0.000	0.000
ALL	45	0.000	0.260	0.000	0.000	0.000	0.000
ALL	46	0 000	0.000	0.000	0.000	0.000	0.000
ALL	47	0.000	0 133	0.000	0.000	0.000	0.000
ALL	49	0.500	0.000	0.000	0.000	0.000	0.000
ALL	50	0.000	0.540	0.000	0.000	0.000	0.000
ALL	51	0.000	0.000	0.000	0.000	0.000	0.000
ALL	53	0.000	0.255	0 000	0.000	0.000	0.000
ALL	55	0.000	0 000	0.000	0.000	0.000	0 000
ALL	56	0.000	0.282	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND 8EDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	63	0.460	2.8	0.000	0.000	0.000	0.000
ALL	64	0.805	7.9	0.195	0.000	0.195	0.445
ALL	65	1.089	25.6	0.146	0.000	0.146	0.334
ALL	66	0.662	14.2	0.092	0.000	0.092	0.155
ALL	68	0.806	37.7	0.222	0.152	0.070	0.257
ALL	69	0.500	7.9	0.165	0.000	0.165	0.085
ALL	72	1.000	3.1	0.500	0.000	0.500	0.000
ALL	73	0.876	10.5	0.146	0.000	0.146	0.395
ALL	75	0.439	28.8	0.098	0.098	0.000	0.000
ALL	76	0.500	8.3	0.157	0.157	0.000	0.000
ALL	77	1.460	2.8	1.000	0.460	0.540	0.460
ALL	78	0.367	30.3	0.144	0.144	0.000	0.000
ALL	79	0.567	69.1	0.165	0.165	0.000	0.076
ALL	80	0.500	3.1	0.000	0.000	0.000	0.000
ALL	82	0.635	89.5	0.166	0.127	0.039	0.191
ALL	83	0.960	4.8	0.277	0.277	0.000	0.546
ALL	84	2.696	2.2	1.000	0.000	1.000	0.304
ALL	85	0.812	14.6	0.449	0.449	0.000	0.046
ALL	87	0.874	99.2	0.553	0.531	0.022	0.013
ALL	88	0.778	145.2	0.401	0.304	0.097	0.091
ALL	89	0.629	359.4	0.165	0.141	0.023	0.040
ALL	90	0.601	33.0	0.218	0.086	0.132	0.106

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	63	0.000	0.460	0.000	0.000	0.000	0.000
ALL	64	0.000	0.166	0.000	0.000	0.000	0.000
ALL	65	0.000	0.504	0.000	0.000	0.000	0.105
ALL	66	0.000	0.415	0.000	0.000	0.000	0.000
ALL	68	0.000	0.233	0.000	0.000	0.000	0.094
ALL	69	0.000	0.250	0.000	0.000	0.000	0.000
ALL	72	0.000	0.500	0.000	0.000	0.000	0.000
ALL	73	0.000	0.271	0.000	0.000	0.000	0.064
ALL	75	0.090	0.250	0.000	0.000	0.000	0.000
ALL	76	0.000	0.185	0.000	0.000	0.000	0.157
ALL	77	0.000	0.000	0.000	0.000	0.000	0.000
ALL	78	0.000	0.223	0.000	0.000	0.000	0.000
ALL	79	0.000	0.237	0.000	0.000	0.000	0.088
ALL	80	0.000	0.500	0.000	0.000	0.000	0.000
ALL	82	0.080	0.141	0.000	0.025	0.000	0.032
ALL	83	0.000	0.000	0.138	0.000	0.000	0.000
ALL	84	0.000	0.696	0.696	0.000	0.000	0.000
ALL	85	0.000	0.271	0.000	0.000	0.000	0.046
ALL	87	0.000	0.206	0.000	0.013	0.000	0.089
ALL	88	0.000	0.216	0.009	0.009	0.000	0.052
ALL	89	0.000	0.292	0.014	0.019	0.004	0.096
ALL	90	0.000	0.278	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

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ALL	91	1.000	1.5	1.000	0.000	1.000	0.000
ALL	92	0.832	13.1	0.517	0.267	0.250	0.099
ALL	94	0.319	4.8	0.319	0.319	0.000	0.000
ALL	95	2.000	0.7	0.000	0.000	0.000	0.000
ALL	96	0.500	193.0	0.082	0.030	0.051	0.108
ALL	97	0.693	27.8	0.308	0.110	0.198	0.110
ALL	99	1.034	45.1	0.597	0.214	0.384	0.000
ALL	100	0.394	8.3	0.157	0.000	0.157	0.081
ALL	101	1.116	22.8	0.461	0.317	0.144	0.126
ALL	102	0.540	2.8	0.000	0.000	0.000	0.540
ALL	104	0.000	3.1	0.000	0.000	0.000	0.000
ALL	105	0.333	9.2	0.000	0.000	0.000	0.000
ALL	106	0.333	13.8	0.000	0.000	0.000	0.000
ALL	107	0.252	16.4	0.079	0.000	0.079	0.000
ALL	108	0.149	9.0	0.149	0.149	0.000	0.000
ALL	109	0.600	7.6	0.400	0.200	0.200	0.000
ALL	110	0.576	53.0	0.074	0.074	0.000	0.029
ALL	111	0.432	6.6	0.000	0.000	0.000	0.000
ALL	112	0.583	13.1	0.350	0.117	0.233	0.000
ALL	113	0.530	13.6	0.113	0.113	0.000	0.000
ALL	114	1.000	0.7	0.000	0.000	0.000	0.000
ALL	115	0.000	2.8	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS 8EFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	91	0.000	0.000	0.000	0.000	0.000	0.000
ALL	92	0.000	0.216	0.000	0.000	0.000	0.000
ALL	94	0.000	0.000	0.000	0.000	0.000	0.000
ALL	95	0.000	0.000	0.000	1.000	0.000	1.000
ALL	96	0.000	0.239	0.011	0.007	0.000	0.052
ALL	97	0.000	0.275	0.000	0.000	0.000	0.000
ALL	99	0.000	0.364	0.030	0.000	0.000	0.044
ALL	100	0.000	0.157	0.000	0.000	0.000	0.000
ALL	101	0.134	0 395	0.000	0.000	0.000	0.000
ALL	102	0.000	0.000	0.000	0.000	0.000	0.000
ALL	104	0.000	0.000	0.000	0.000	0.000	0.000
ALL	105	0.167	0.167	0.000	0.000	0.000	0.000
ALL	106	0.000	0.333	0.000	0.000	0.000	0.000
ALL	107	0.093	0.079	0.000	0.000	0.000	0.000
ALL	108	0.000	0.000	0.000	0.000	0.000	0.000
ALL	109	0.000	0.200	0.000	0.000	0.000	0.000
ALL	110	0.058	0.358	0.000	0.000	0.000	0.058
ALL	111	0.198	0.233	0.000	0.000	0.000	0.000
ALL	112	0.000	0.233	0.000	0.000	0.000	0.000
ALL	113	0.113	0.305	0.000	0.000	0.000	0.000
ALL	114	0.000	1.000	0.000	0 000	0 000	0.000
ALL	115	0 000	0.000	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

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ALL	116	0.436	18.9	0.000	0.000	0.000	0.000
ALL	117	0.476	9.2	0.000	0.000	0.000	0.000
ALL	118	0.325	8.7	0.000	0.000	0.000	0.000
ALL	120	1.000	5.2	0.250	0.250	0.000	0.000
ALL	121	0.346	82.5	0.186	0.168	0.019	0.000
ALL	122	0.339	121.4	0.175	0.074	0.101	0.006
ALL	123	0.240	63.4	0.076	0.076	0.000	0.000
ALL	124	0.394	26.0	0.277	0.227	0.050	0.000
ALL	125	0.148	48.6	0.000	0.000	0.000	0.000
ALL	126	1.000	1.3	1.000	1.000	0.000	0.000
ALL	127	0.597	447.6	0.129	0.084	0.045	0.043
ALL	128	0.497	39.1	0.112	0.000	0.112	0.078
ALL	129	0.570	15.1	0.437	0.437	0.000	0.000
ALL	130	0.681	73.2	0.233	0.203	0.030	0.111
ALL	131	0.500	19.7	0.256	0.144	0.112	0.100
ALL	132	1.388	44.3	0.842	0.615	0.227	0.074
ALL	133	1.500	1.3	0.500	0.500	0.000	0.000
ALL	134	0.879	39.7	0.222	0.050	0.172	0.166
ALL	135	1.177	11.1	0.334	0.197	0.137	0.137
ALL	136	1.000	2.8	0.540	0.000	0.540	0.000
ALL	138	0.431	192.9	0.115	0.072	0.043	0.031
ALL	139	0.400	23.0	0.152	0.029	0.123	0.067

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	116	0.000	0.436	0.000	0.000	0.000	0.000
ALL	117	0.000	0.476	0.000	0.000	0.000	0.000
ALL	118	0.175	0.149	0.000	0.000	0.000	0.000
ALL	120	0.000	0.750	0.000	0.000	0.000	0.000
ALL	121	0.000	0.117	0.019	0.000	0.000	0.024
ALL	122	0.000	0.097	0.011	0.017	0.000	0.035
ALL	123	0.000	0.000	0.000	0.000	0.000	0.165
ALL	124	0.000	0.118	0.000	0.000	0.000	0.000
ALL	125	0.058	0.090	0.000	0.000	0.000	0.000
ALL	126	0.000	0.000	0.000	0.000	0.000	0.000
ALL	127	0.000	0.338	0.006	0.007	0.003	0.070
ALL	128	0.000	0.189	0.000	0.050	0.000	0.068
ALL	129	0.000	0.000	0.000	0.000	0.000	0.133
ALL	130	0.000	0.256	0.018	0.000	0.000	0.063
ALL	131	0.066	0.078	0.000	0.000	0.000	0.000
ALL	132	0.000	0.338	0.029	0.015	0.000	0.090
ALL	133	0.000	1.000	0.000	0.000	0.000	0.000
ALL	134	0.000	0.386	0.000	0.000	0.000	0.105
ALL	135	0.000	0.472	0.000	0.117	0.000	0.117
ALL	136	0.000	0.460	0.000	0.000	0.000	0.000
ALL	138	0.000	0.216	0.000	0.011	0.008	0.050
ALL	139	0.000	0.152	0.000	0.000	0.000	0.029

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
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ALL	140	0.574	295.7	0.158	0.085	0.073	0.025
ALL	141	0.715	91.0	0.154	0.022	0.132	0.075
ALL	142	0.749	12.0	0.219	0.000	0.219	0.000
ALL	143	0.576	62.3	0.203	0.000	0.203	0.035
ALL	144	0.762	43.8	0.293	0.293	0.000	0.030
ALL	145	0.766	12.3	0.587	0.321	0.266	0.000
ALL	146	0.632	13.6	0.049	0.049	0.000	0.000
ALL	148	0.441	65.6	0.023	0.000	0.023	0.000
ALL	149	1.131	6.6	0.233	0.000	0.233	0.000
ALL	150	0.593	11.1	0.335	0.137	0.198	0.000
ALL	151	0.000	1.5	0.000	0.000	0.000	0.000
ALL	152	1.286	9.0	0.365	0.290	0.075	0.171
ALL	153	0.500	3.1	0.000	0.000	0.000	0.000
ALL	154	0.739	51.2	0.208	0.208	0.000	0.025
ALL	155	1.055	4.1	0.370	0.370	0.000	0.370
ALL	157	0.499	31.0	0.141	0.000	0.141	0.288
ALL	158	0.779	11.8	0.316	0.000	0.316	0.243
ALL	159	0.778	17.8	0.161	0.161	0.000	0.000
ALL	160	0.325	8.7	0.000	0.000	0.000	0.000
ALL	161	0.451	73.5	0.057	0.000	0.057	0.018
ALL	162	0.510	20.2	0.195	0.000	0.195	0.000
ALL	164	0.000	2.6	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	140	0.000	0.327	0.004	0.007	0.004	0.048
ALL	141	0.000	0.377	0.000	0.022	0.000	0.087
ALL	142	0.000	0.529	0.000	0.000	0.000	0.000
ALL	143	0.000	0.256	0.000	0.025	0.000	0.057
ALL	144	0.000	0.254	0.015	0.035	0.000	0.134
ALL	145	0.000	0.054	0.000	0.000	0.000	0.125
ALL	146	0.049	0.371	0.000	0.000	0.000	0.162
ALL	148	0.080	0.283	0.000	0.010	0.000	0.044
ALL	149	0.466	0.432	0.000	0.000	0.000	0.000
ALL	150	0.000	0.198	0.000	0.000	0.000	0.060
ALL	151	0.000	0.000	0.000	0.000	0.000	0.000
ALL	152	0.145	0.461	0.000	0.000	0.000	0.145
ALL	153	0.000	0.500	0.000	0.000	0.000	0.000
ALL	154	0.025	0.400	0.000	0.000	0.051	0.030
ALL	155	0.315	0.000	0.000	0.000	0.000	0.000
ALL	157	0.071	0.000	0.000	0.000	0.000	0.000
ALL	158	0.110	0.110	0.000	0.000	0.000	0.000
ALL	159	0.086	0.531	0.000	0.000	0.000	0.000
ALL	160	0.000	0.325	0.000	0.000	0.000	0.000
ALL	161	0.062	0.293	0.000	0.021	0.000	0.000
ALL	162	0.033	0.282	0.000	0.000	0.000	0.000
ALL	164	0.000	0.000	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

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ALL	166	1.455	5.3	0.000	0.000	0.000	0.000
ALL	167	1.000	2.6	0.500	0.500	0.000	0.000
ALL	168	0.402	6.6	0.198	0.198	0.000	0.102
ALL	170	0.517	14.4	0.289	0.289	0.000	0.000
ALL	172	0.813	45.1	0.350	0.302	0.049	0.064
ALL	173	0.563	3.5	0.000	0.000	0.000	0.563
ALL	174	0.730	136.8	0.161	0.109	0.053	0.097
ALL	175	1.080	16.3	0.533	0.080	0.453	0.253
ALL	176	0.711	6.8	0.323	0.323	0.000	0.191
ALL	177	0.773	21.2	0.330	0.072	0.258	0.267
ALL	178	0.473	4.2	0.000	0.000	0.000	0.473
ALL	179	0.749	7.0	0.281	0.281	0.000	0.186
ALL	180	0.744	57.5	0.233	0.198	0.035	0.174
ALL	181	0.535	10.2	0.193	0.000	0.193	0.127
ALL	182	0.765	258.9	0.157	0.027	0.130	0.185
ALL	183	0.827	39.1	0.207	0.000	0.207	0 268
ALL	184	1.000	1.3	0.000	0.000	0.000	0.000
ALL	187	0.000	1.3	0.000	0.000	0.000	0.000
ALL	188	0.728	37.0	0.260	0.107	0.153	0.113
ALL	189	1.403	4.8	0.542	0.000	0.542	0.590
ALL	192	0.000	0.7	0.000	0.000	0.000	0.000
ALL	193	0.422	8.3	0.157	0.157	0.000	0.000

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISGHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARCES	INAPPR PROGEDURES	QUALITY PROBLEMS
ALL	166	0.000	0.582	0.000	0.000	0.291	0.582
ALL	167	0.000	0.500	0.000	0.000	0.000	0 000
ALL	168	0.000	0.000	0.000	0.000	0.000	0.102
ALL	170	0.000	0.137	0.000	0.000	0.000	0.090
ALL	172	0.000	0.277	0.000	0.015	0 000	0.107
ALL	173	0.000	0.000	0.000	0.000	0.000	0.000
ALL	174	0.000	0.368	0.005	0.010	0.005	0.085
ALL	175	0.000	0.159	0.000	0.000	0.000	0.135
ALL	176	0.000	0.098	0.000	0.000	0.000	0.098
ALL	177	0.000	0.144	0.000	0.000	0.000	0.032
ALL	178	0.000	0.000	0.000	0.000	0.000	0.000
ALL	179	0.000	0.281	0.000	0.000	0.000	0.000
ALL	180	0.000	0.190	0.000	0.034	0.000	0 114
ALL	181	0.000	0.215	0 000	0.000	0.000	0.000
ALL	182	0.005	0.327	0.003	0.014	0.000	0 076
ALL	183	0.000	0.296	0 000	0.000	0.000	0 056
ALL	184	0.000	1.000	0.000	0.000	0.000	0.000
ALL	187	0.000	0.000	0.000	0.000	0.000	0.000
ALL	188	0.000	0.319	0.000	0.018	0.000	0 018
ALL	189	0.000	0.000	0.000	0.000	0.000	0.271
ALL	192	0.000	0.000	0.000	0.000	0.000	0.000
ALL	193	0.184	0.081	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRC VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRC GHANCES	GHANGES TO LOWER WEIGHT	GHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	194	1.000	1.3	0.000	0.000	0.000	0.000
ALL	195	0.340	21.8	0.060	0.060	0.000	0.000
ALL	196	0.533	2.9	0.000	0.000	0.000	0.000
ALL	197	0.452	40.2	0.114	0.065	0.049	0 000
ALL	198	0.359	14.6	0.000	0.000	0.000	0.000
ALL	199	1.193	3.3	0.398	0.398	0.000	0.000
ALL	200	1.000	1.5	1.000	1.000	0.000	0.000
ALL	201	0.000	3.1	0.000	0.000	0.000	0.000
ALL	202	1.053	16.9	0.324	0.234	0.091	0.312
ALL	203	0.343	25.6	0.119	0.119	0.000	0.000
ALL	204	0.492	26.7	0.025	0.000	0.025	0.082
ALL	205	1.026	20.1	0.306	0.176	0.130	0.206
ALL	206	0.696	2.2	0.696	0.696	0.000	0.000
ALL	207	0.762	38.9	0.174	0 084	0.090	0.151
ALL	208	1.351	5.5	0.358	0.358	0.000	0.399
ALL	209	0.782	119.9	0.000	0.000	0.000	0 000
ALL	210	0.730	96.7	0.047	0.047	0.000	0 000
ALL	211	1.000	3.1	0.500	0.000	0.500	0.000
ALL	213	0.540	2.8	0.000	0.000	0.000	0.000
ALL	214	0.718	27.9	0.093	0.000	0.093	0.000
ALL	215	0.908	16 6	0.171	0.000	0.171	0.000
ALL	216	0.000	3.1	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISGHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	194	0.000	1.000	0.000	0.000	0.000	0.000
ALL	195	0.000	0.281	0.000	0.000	0.000	0.000
ALL	196	0.000	0.533	0.000	0.000	0.000	0.000
ALL	197	0.032	0.273	0.017	0.000	0.000	0.017
ALL	198	0.089	0.270	0.000	0.000	0.000	0 000
ALL	199	0.000	0.795	0.000	0.000	0.000	0 000
ALL	200	0.000	0.000	0.000	0.000	0.000	0.000
ALL	201	0.000	0.000	0.000	0.000	0.000	0 000
ALL	202	0.000	0.417	0.000	0.000	0.000	0 000
ALL	203	0.000	0.224	0.000	0.000	0.000	0 000
ALL	204	0.000	0 336	0.000	0.000	0.000	0.049
ALL	205	0.000	0.447	0.033	0.000	0.000	0.033
ALL	206	0.000	0.000	0.000	0.000	0.000	0.000
ALL	207	0.000	0.364	0.000	0.000	0.000	0.073
ALL	208	0.000	0.358	0.000	0.000	0 000	0.236
ALL	209	0.098	0.637	0 000	0.000	0.000	0.046
ALL	210	0.029	0.599	0.014	0.000	0.027	0 014
ALL	211	0.000	0.500	0.000	0 000	0.000	0 000
ALL	213	0.000	0.540	0.000	0.000	0.000	0 000
ALL	214	0.101	0.523	0.000	0.000	0.000	0 000
ALL	215	0 092	0.645	0.000	0.000	0.000	0 000
ALL	216	0.000	0.000	0 000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	217	0.000	4.1	0.000	0.000	0.000	0.000
ALL	218	0.580	13.5	0.000	0.000	0.000	0.000
ALL	219	0.813	7.0	0.187	0.187	0.000	0.000
ALL	221	0.349	10.7	0.063	0.063	0.000	0.143
ALL	222	0.351	4.4	0.000	0.000	0.000	0.351
ALL	223	0.500	8.7	0.000	0.000	0.000	0.000
ALL	224	1.000	1.3	0.000	0.000	0.000	0.000
ALL	225	0.723	33.6	0.020	0.000	0.020	0.111
ALL	226	0.649	4 4	0.649	0.298	0.351	0.000
ALL	227	1.000	1.5	0.000	0.000	0.000	1.000
ALL	228	1.000	0.7	1.000	0.000	1.000	0.000
ALL	229	0.750	6.1	0.250	0.000	0.250	0.000
ALL	230	0.500	2.6	0.000	0.000	0.000	0.500
ALL	231	1.117	11.1	0.529	0.254	0.275	0.234
ALL	233	1.000	1.3	0.000	0.000	0.000	1.000
ALL	234	1.000	2.0	0.667	0.333	0.333	0.333
ALL	235	0.809	3.3	0.202	0.202	0.000	0.202
ALL	236	0.807	43.0	0.097	0.081	0.016	0.067
ALL	237	0.670	3.9	0.000	0.000	0.000	0.340
ALL	238	2.000	0.7	1.000	1.000	0.000	0.000
ALL	239	0.928	57.1	0.302	0.191	0.111	0.306
ALL	240	1.232	18.0	0.428	0.428	0.000	0.559

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	217	0.000	0.000	0.000	0.000	0.000	0.000
ALL	218	0.000	0.580	0.000	0.000	0.000	0.000
ALL	219	0.000	0.626	0.000	0.000	0.000	0.000
ALL	221	0.000	0.143	0.000	0.000	0.000	0.000
ALL	222	0.000	0.000	0.000	0.000	0.000	0.000
ALL	223	0.000	0.500	0.000	0.000	0.000	0.000
ALL	224	0.000	1.000	0.000	0.000	0.000	0.000
ALL	225	0.000	0.527	0.000	0.000	0.000	0.065
ALL	226	0.000	0.000	0.000	0.000	0.000	0.000
ALL	227	0.000	0.000	0.000	0.000	0.000	0.000
ALL	228	0.000	0.000	0.000	0.000	0.000	0.000
ALL	229	0.000	0.500	0.000	0.000	0.000	0.000
ALL	230	0.000	0.000	0.000	0.000	0.000	0.000
ALL	231	0.060	0.294	0.000	0.000	0.000	0.000
ALL	233	0.000	0.000	0.000	0.000	0.000	0.000
ALL	234	0.000	0.000	0.000	0.000	0.000	0.000
ALL	235	0.000	0.404	0.000	0.000	0.000	0.000
ALL	236	0.000	0.536	0.016	0.046	0.000	0.046
ALL	237	0.000	0.330	0.000	0.000	0.000	0.000
ALL	238	0.000	1.000	0.000	0.000	0.000	0.000
ALL	239	0.023	0.248	0.000	0.000	0.000	0.050
ALL	240	0 000	0.244	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	241	1.152	4.2	0.312	0.000	0 312	0.840
ALL	242	1.460	2.8	0.460	0.460	0.000	0.000
ALL	243	0.942	128.9	0.103	0.027	0.076	0.252
ALL	244	1.010	20.6	0.159	0.063	0.096	0.414
ALL	245	1.000	4.4	0.500	0.000	0.500	0.500
ALL	246	1.427	4.6	0.427	0.000	0.427	0.718
ALL	247	1.000	9.8	0.224	0.000	0.224	0.488
ALL	248	1.119	10.9	0.241	0.000	0.241	0.299
ALL	249	0.000	1.5	0.000	0.000	0.000	0.000
ALL	250	0 665	15.2	0 101	0.000	0.101	0.189
ALL	251	1.000	1.3	0.000	0.000	0.000	0.000
ALL	253	1.091	22.1	0.218	0.030	0.188	0.168
ALL	254	0.500	2.6	0.000	0.000	0.000	0.000
ALL	256	0.490	11.2	0.000	0.000	0.000	0.233
ALL	257	0.379	26.0	0.059	0.000	0.059	0.000
ALL	258	0.000	0.7	0.000	0.000	0.000	0.000
ALL	259	0.679	2.0	0.340	0.000	0.340	0.000
ALL	261	1.052	4.4	0.351	0.351	0.000	0.702
ALL	262	0.432	12.7	0.103	0.000	0.103	0.208
ALL	263	0.767	6.6	0.000	0.000	0.000	0 000
ALL	264	1.000	4.4	0.649	0.000	0 649	0.351
ALL	265	1.000	3.7	0.179	0.179	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
ALL	241	0.000	0.000	0.000	0.000	0.000	0.000
ALL	242	0.000	1.000	0.000	0.000	0.000	0.000
ALL	243	0.005	0.478	0.010	0.010	0.012	0.071
ALL	244	0.000	0.373	0.033	0.000	0.000	0.033
ALL	245	0.000	0.000	0.000	0.000	0.000	0.000
ALL	246	0.000	0.282	0.000	0.000	0.000	0.000
ALL	247	0.156	0 000	0.000	0.000	0.000	0.132
ALL	248	0.000	0.579	0.000	0.000	0.000	0.000
ALL	249	0.000	0.000	0.000	0.000	0.000	0.000
ALL	250	0.000	0 375	0.000	0.000	0.000	0.000
ALL	251	0.000	1.000	0.000	0.000	0 000	0.000
ALL	253	0.030	0 407	0.060	0.059	0.000	0.148
ALL	254	0.000	0.500	0.000	0.000	0.000	0.000
ALL	256	0.000	0.257	0 000	0.000	0.000	0.000
ALL	257	0.076	0.245	0.000	0.000	0.000	0.000
ALL	258	0.000	0.000	0.000	0.000	0.000	0.000
ALL	259	0.000	0.340	0.000	0.000	0.000	0.000
ALL	261	0.000	0.000	0.000	0 000	0.000	0.000
ALL	262	0 000	0.121	0.000	0.000	0.000	0 000
ALL	263	0.233	0 534	0.000	0 000	0.000	0.000
ALL	264	0.000	0 000	0 000	0.000	0.000	0 000
ALL	265	0 000	0.821	0.000	0 000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	266	0.623	7.0	0.000	0.000	0.000	0.404
ALL	267	1.000	0.7	0.000	0.000	0.000	1.000
ALL	268	0.460	2.8	0.000	0.000	0.000	0.460
ALL	269	1.025	9.2	0.476	0.000	0.476	0.167
ALL	270	0.649	4.4	0.351	0.000	0.351	0.298
ALL	271	1.162	19.9	0.548	0.405	0.142	0.208
ALL	272	0.462	14.2	0.199	0.199	0.000	0.108
ALL	273	0.000	1.5	0.000	0.000	0.000	0.000
ALL	274	0.500	1.3	0.500	0.500	0.000	0.000
ALL	275	2.000	0.7	1.000	0.000	1.000	0.000
ALL	277	0.415	41.7	0.146	0.115	0.031	0.032
ALL	278	0.500	1.3	0.500	0.000	0.500	0.000
ALL	280	1.169	19.5	0.270	0.000	0.270	0.272
ALL	281	0.336	7.8	0.085	0.000	0.085	0.000
ALL	283	0.859	9.2	0.073	0.000	0.073	0.312
ALL	285	1.028	8.3	0.185	0.185	0.000	0.000
ALL	286	0.540	2.8	0.000	0.000	0.000	0.000
ALL	287	0.795	3.3	0.398	0.398	0.000	0.000
ALL	289	0.919	2.8	0.460	0.000	0.460	0.000
ALL	290	0.673	10.0	0.000	0.000	0.000	0.000
ALL	292	1.000	2.2	0.000	0.000	0.000	0.000
ALL	294	0.723	127.9	0.152	0.061	0.091	0.189

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	266	0.000	0.219	0.000	0.000	0.000	0.000
ALL	267	0.000	0.000	0.000	0.000	0.000	0.000
ALL	268	0.000	0.000	0.000	0.000	0.000	0.000
ALL	269	0.000	0.215	0.000	0.000	0.000	0.167
ALL	270	0.000	0.000	0.000	0.000	0.000	0.000
ALL	271	0.000	0.306	0.000	0.034	0.000	0.067
ALL	272	0.000	0.155	0.000	0.000	0.000	0.000
ALL	273	0.000	0.000	0.000	0.000	0.000	0.000
ALL	274	0.000	0.000	0.000	0.000	0.000	0.000
ALL	275	0.000	0.000	0.000	0.000	0.000	1.000
ALL	277	0.000	0.142	0.000	0.047	0.000	0.047
ALL	278	0.000	0.000	0.000	0.000	0.000	0.000
ALL	280	0.000	0.526	0.000	0.000	0.000	0.101
ALL	281	0.000	0.251	0.000	0.000	0.000	0.000
ALL	283	0.000	0.308	0.000	0.000	0.000	0.166
ALL	285	0.185	0.500	0.000	0.000	0.000	0.157
ALL	286	0.000	0.540	0.000	0.000	0.000	0.000
ALL	287	0.000	0.398	0.000	0.000	0.000	0.000
ALL	289	0.000	0.460	0.000	0.000	0.000	0.000
ALL	290	0.000	0.673	0.000	0.000	0.000	0.000
ALL	292	0.000	1.000	0.000	0.000	0.000	0.000
ALL	294	0.000	0.340	0.005	0.000	0.000	0.036

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	295	0.570	6.1	0.000	0.000	0.000	0.000
ALL	296	0.695	189.0	0.193	0.149	0.044	0.065
ALL	297	0.858	9.4	0.510	0.138	0.372	0.000
ALL	299	1.000	1.5	1.000	1.000	0.000	0.000
ALL	300	0.712	9.8	0.200	0.200	0.000	0.200
ALL	301	0.000	1.5	0.000	0.000	0.000	0.000
ALL	302	0.000	3.1	0.000	0.000	0.000	0.000
ALL	303	0.443	13.3	0.000	0.000	0.000	0.000
ALL	304	0.779	11.8	0.167	0.167	0.000	0.111
ALL	306	0.552	32.6	0.277	0.277	0.000	0.040
ALL	307	0.351	4.4	0.351	0.000	0.351	0.000
ALL	308	0.642	17.1	0.347	0.269	0.078	0.039
ALL	309	1.081	2.8	0.540	0.540	0.000	0.540
ALL	310	0.302	39.0	0.050	0.000	0.050	0.112
ALL	311	1.000	6.1	0.500	0.000	0.500	0.500
ALL	312	0.280	7.9	0.195	0.195	0.000	0.000
ALL	313	0.460	2.8	0.000	0.000	0.000	0.460
ALL	315	0.296	13.3	0.148	0.098	0.050	0.000
ALL	316	0.534	33.7	0.261	0.222	0.039	0.020
ALL	318	1.130	10.0	0.587	0.457	0.130	0.130
ALL	320	0.627	113.2	0.185	0.058	0.127	0.087
ALL	321	0.578	8.3	0.081	0.000	0.081	0.313

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	295	0.000	0.570	0.000	0.000	0.000	0.000
ALL	296	0.000	0.341	0.000	0.018	0.007	0.072
ALL	297	0.000	0.071	0.000	0.138	0.000	0.138
ALL	299	0.000	0.000	0.000	0.000	0.000	0.000
ALL	300	0.156	0.156	0.000	0.000	0.000	0.000
ALL	301	0.000	0.000	0.000	0.000	0.000	0.000
ALL	302	0.000	0.000	0.000	0.000	0.000	0.000
ALL	303	0.230	0.098	0.000	0.000	0.115	0.000
ALL	304	0.000	0.501	0.000	0.000	0.000	0.000
ALL	306	0.141	0.094	0.000	0.000	0.000	0.000
ALL	307	0.000	0.000	0.000	0.000	0.000	0.000
ALL	308	0.090	0.076	0.000	0.000	0.000	0.090
ALL	309	0.000	0.000	0.000	0.000	0.000	0.000
ALL	310	0.033	0.090	0.000	0.000	0.000	0.017
ALL	311	0.000	0.000	0.000	0.000	0.000	0.000
ALL	312	0.000	0.085	0.000	0.000	0.000	0.000
ALL	313	0.000	0.000	0.000	0.000	0.000	0.000
ALL	315	0.000	0.148	0.000	0.000	0.000	0.000
ALL	316	0.039	0.097	0.000	0.020	0.000	0.098
ALL	318	0.000	0.413	0.000	0.000	0.000	0.000
ALL	320	0.000	0.218	0.006	0.041	0.000	0.090
ALL	321	0.000	0.184	0.000	0.000	0.000	0.000

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NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	323	0.599	24.1	0.117	0.000	0.117	0.171
ALL	324	0.233	11.3	0.059	0.000	0.059	0.174
ALL	325	0.759	27.1	0.194	0.056	0.137	0.275
ALL	326	1.000	1.3	0.000	0.000	0.000	1.000
ALL	328	0.542	4.8	0.271	0.000	0.271	0.000
ALL	331	0.971	22.7	0.338	0.154	0.183	0.125
ALL	332	0.500	3.1	0.500	0.000	0.500	0.000
ALL	334	0.593	7.0	0.407	0.407	0.000	0.000
ALL	335	0.000	3.1	0.000	0.000	0.000	0.000
ALL	336	0.501	129.6	0.044	0.022	0.022	0.010
ALL	337	0.420	21.8	0.119	0.000	0.119	0.000
ALL	338	0.357	12.2	0.000	0.000	0.000	0.000
ALL	339	0.288	9.8	0.000	0.000	0.000	0.132
ALL	341	1.000	1.3	0.000	0.000	0.000	0.000
ALL	342	0.667	4.6	0.000	0.000	0.000	0.333
ALL	344	0.000	3.1	0.000	0.000	0.000	0.000
ALL	345	1.000	3.1	0.500	0.000	0.500	0.000
ALL	346	0.364	13.8	0.094	0.094	0.000	0.159
ALL	348	0.897	12.7	0.227	0.106	0.121	0.550
ALL	349	0.780	7.0	0.374	0.000	0.374	0.407
ALL	350	0.409	11.2	0.116	0.116	0.000	0.116
ALL	353	0.000	3.7	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	323	0.000	0.173	0.028	0.000	0	0.110
ALL	324	0.000	0.000	0.000	0.000	0	0.000
ALL	325	0.000	0.265	0.000	0.000	0	0.025
ALL	326	0.000	0.000	0.000	0.000	0	0.000
ALL	328	0.000	0.000	0.000	0.000	0	0.271
ALL	331	0.000	0.441	0.000	0.000	0	0.067
ALL	332	0.000	0.000	0.000	0.000	0	0.000
ALL	334	0.000	0.187	0.000	0.000	0	0.000
ALL	335	0.000	0.000	0.000	0.000	0	0.000
ALL	336	0.155	0.259	0.000	0.000	0	0.034
ALL	337	0.000	0.301	0.000	0.000	0	0.000
ALL	338	0.125	0.232	0.000	0.000	0	0.000
ALL	339	0.000	0.156	0.000	0.000	0	0.000
ALL	341	0.000	1.000	0.000	0.000	0	0.000
ALL	342	0.000	0.333	0.000	0.000	0	0.000
ALL	344	0.000	0.000	0.000	0.000	0	0.000
ALL	345	0.000	0.500	0.000	0.000	0	0.000
ALL	346	0.000	0.111	0.000	0.000	0	0.000
ALL	348	0.000	0.121	0.000	0.000	0	0.000
ALL	349	0.000	0.000	0.000	0.000	0	0.000
ALL	350	0.116	0.060	0.000	0.000	0	0.000
ALL	353	0.000	0.000	0.000	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
ALL	354	0.711	28.0	0.101	0.101	0.000	0.000
ALL	355	0.430	6.1	0.109	0.000	0.109	0.000
ALL	356	0.376	20.3	0.000	0.000	0.000	0.000
ALL	357	0.000	1.3	0.000	0.000	0.000	0.000
ALL	358	0.685	4.1	0.000	0.000	0.000	0.370
ALL	360	0.000	4.1	0.000	0.000	0.000	0.000
ALL	363	0.540	5.7	0.000	0.000	0.000	0.540
ALL	364	0.445	11.8	0.129	0.000	0.129	0.186
ALL	366	1.000	3.7	0.590	0.590	0.000	0.410
ALL	367	2.000	1.5	1.000	0.000	1.000	0.000
ALL	368	2.321	2.0	0.660	0.660	0.000	1.000
ALL	369	0.952	4.8	0.271	0.000	0.271	0.139
ALL	389	2.000	1.3	1.000	0.000	1.000	1.000
ALL	392	1.000	5.4	0.239	0.000	0.239	0.000
ALL	395	0.573	75.7	0.104	0.026	0.078	0.135
ALL	397	0.282	5.4	0.282	0.282	0.000	0.000
ALL	398	0.156	9.8	0.000	0.000	0.000	0.000
ALL	400	0.667	4.6	0.333	0.333	0.000	0.000
ALL	401	2.000	1.3	0.000	0.000	0.000	1.000
ALL	402	0.000	1.5	0.000	0.000	0.000	0.000
ALL	403	0.776	37.1	0.207	0.207	0.000	0.153
ALL	404	0.761	5.4	0.761	0.761	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	354	0.101	0.509	0.000	0.000	0	0.000
ALL	355	0.109	0.212	0.000	0.000	0	0.000
ALL	356	0.000	0.376	0.000	0.000	0	0.000
ALL	357	0.000	0.000	0.000	0.000	0	0.000
ALL	358	0.000	0.315	0.000	0.000	0	0.000
ALL	360	0.000	0.000	0.000	0.000	0	0.000
ALL	363	0.000	0.000	0.000	0.000	0	0.000
ALL	364	0.000	0.129	0.000	0.000	0	0.000
ALL	366	0.000	0.000	0.000	0.000	0	0.000
ALL	367	0.000	1.000	0.000	0.000	0	0.000
ALL	368	0.000	0.000	0.000	0.000	0	0.660
ALL	369	0.000	0.542	0.000	0.000	0	0.000
ALL	389	0.000	0.000	0.000	0.000	0	0.000
ALL	392	0.000	0.761	0.000	0.000	0	0.000
ALL	395	0.000	0.259	0.020	0.000	0	0.055
ALL	397	0.000	0.000	0.000	0.000	0	0.000
ALL	398	0.000	0.156	0.000	0.000	0	0.000
ALL	400	0.333	0.000	0.000	0.000	0	0.000
ALL	401	0.000	0.000	1.000	0.000	0	0.000
ALL	402	0.000	0.000	0.000	0.000	0	0.000
ALL	403	0.076	0.194	0.000	0.000	0	0.146
ALL	404	0.000	0.000	0.000	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

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ALL	406	1.460	2.8	1.000	0.460	0.540	0.000
ALL	407	1.000	1.5	1.000	1.000	0.000	0.000
ALL	409	0.481	5.9	0.260	0.260	0.000	0.221
ALL	410	0.225	83.3	0.037	0.000	0.037	0.118
ALL	411	0.000	1.5	0.000	0.000	0.000	0.000
ALL	412	1.000	2.8	1.000	0.000	1.000	0.000
ALL	413	0.592	19.2	0.375	0.203	0.172	0.080
ALL	414	0.660	2.0	0.000	0.000	0.000	0.000
ALL	415	0.880	23.6	0.500	0.500	0.000	0.000
ALL	416	0.894	63.4	0.418	0.387	0.031	0.000
ALL	418	0.371	5.9	0.113	0.113	0.000	0.000
ALL	419	0.820	14.7	0.284	0.091	0.193	0.104
ALL	420	0.746	2.6	0.000	0.000	0.000	0.493
ALL	421	0.755	13.4	0.196	0.000	0.196	0.149
ALL	423	1.444	13.7	0.889	0.889	0.000	0.206
ALL	424	0.702	10.2	0.425	0.425	0.000	0.000
ALL	425	0.841	16.5	0.172	0.079	0.093	0.323
ALL	426	0.778	24.4	0.464	0.277	0.187	0.108
ALL	428	1.081	2.8	0.540	0.540	0.000	0.540
ALL	429	1.072	21.7	0.252	0.252	0.000	0.284
ALL	430	0.356	45.0	0.175	0.127	0.049	0.044
ALL	432	1.000	1.5	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	406	0.460	0.000	0.000	0.000	0.000	0.000
ALL	407	0.000	0.000	0.000	0.000	0.000	0.000
ALL	409	0.000	0.000	0.000	0.000	0.000	0.000
ALL	410	0.016	0.055	0.000	0.000	0.000	0.000
ALL	411	0.000	0.000	0.000	0.000	0.000	0.000
ALL	412	0.000	0.000	0.000	0.000	0.000	0.000
ALL	413	0.000	0.103	0.000	0.035	0.000	0.000
ALL	414	0.000	0.660	0.000	0.000	0.000	0.000
ALL	415	0.000	0.315	0.000	0.000	0.000	0.065
ALL	416	0.000	0.290	0.000	0.021	0.000	0.166
ALL	418	0.000	0.258	0.000	0.000	0.000	0.000
ALL	419	0.000	0.432	0.000	0.000	0.000	0.000
ALL	420	0.000	0.254	0.000	0.000	0.000	0.000
ALL	421	0.000	0.360	0.000	0.000	0.000	0.050
ALL	423	0.000	0.349	0.000	0.000	0.000	0.000
ALL	424	0.000	0.276	0.000	0.000	0.000	0.000
ALL	425	0.000	0.093	0.000	0.000	0.000	0.253
ALL	426	0.000	0.053	0.000	0 063	0.000	0.090
ALL	428	0.000	0.000	0.000	0.000	0.000	0.000
ALL	429	0.000	0.474	0.031	0.000	0.000	0.031
ALL	430	0.000	0.073	0.000	0.000	0.000	0.064
ALL	432	0.000	1.000	0.000	0.000	0.000	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

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ALL	433	1.000	2.0	0.000	0.000	0.000	0.333
ALL	434	2.000	0.7	0.000	0.000	0.000	0.000
ALL	436	0.873	10.5	0.209	0.209	0.000	0.064
ALL	437	1.460	2.8	0.460	0.000	0.460	0.000
ALL	438	0.668	17.8	0.113	0.000	0.113	0.172
ALL	439	0.000	3.7	0.000	0.000	0.000	0.000
ALL	440	1.000	1.3	0.000	0.000	0.000	0.000
ALL	442	0.315	16.0	0.000	0.000	0.000	0.042
ALL	443	1.306	3.5	0.372	0.000	0.372	0.000
ALL	444	0.830	3.9	0.330	0.330	0.000	0.500
ALL	447	1.000	1.3	0.500	0.000	0.500	0.500
ALL	449	0.782	37.2	0.517	0.147	0.370	0.071
ALL	450	1.238	5.5	0.640	0.000	0.640	0.000
ALL	452	0.808	19.2	0.434	0.080	0.354	0.000
ALL	453	0.679	2.0	0.000	0.000	0.000	0.000
ALL	454	0.906	5.1	0.604	0.302	0.302	0.000
ALL	460	0.553	6.3	0.000	0.000	0.000	0.206
ALL	461	0.813	7.0	0.407	0.187	0.220	0.220
ALL	463	1.021	13.6	0.487	0.144	0.343	0.049
ALL	464	1.069	6.4	0.550	0.105	0.445	0.309
ALL	466	1.000	2.2	0.696	0.696	0.000	0.304
ALL	467	0.969	7.4	0.588	0.382	0.206	0.175

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
ALL	433	0.000	0.667	0.000	0.000	0.000	0.000
ALL	434	0.000	0.000	0.000	1.000	0.000	1.000
ALL	436	0.000	0.601	0.000	0.000	0.000	0.000
ALL	437	0.000	1.000	0.000	0.000	0.000	0.000
ALL	438	0.000	0.270	0.000	0.038	0.000	0.075
ALL	439	0.000	0.000	0.000	0.000	0.000	0.000
ALL	440	0.000	1.000	0.000	0.000	0.000	0.000
ALL	442	0.000	0.273	0.000	0.000	0.00	0.000
ALL	443	0.372	0.191	0.000	0.000	0.000	0.372
ALL	444	0.000	0.000	0.000	0.000	0.000	0.000
ALL	447	0.000	0.000	0.000	0.000	0.000	0.000
ALL	449	0.000	0.123	0.000	0.000	0.000	0.071
ALL	450	0.000	0.598	0.000	0.000	0.000	0.000
ALL	452	0.000	0.227	0.000	0.000	0.000	0.148
ALL	453	0.000	0.340	0.000	0.000	0.000	0.340
ALL	454	0.000	0.302	0.000	0.000	0.000	0.000
ALL	460	0.000	0.347	0.000	0.000	0.000	0.000
ALL	461	0.000	0.187	0.000	0.000	0.000	0 000
ALL	463	0.000	0.485	0.000	0.000	0 000	0.000
ALL	464	0.000	0.105	0.000	0.000	0 000	0.105
ALL	466	0.000	0.000	0.000	0.000	0.000	0 000
ALL	467	0.000	0.000	0.000	0.000	0 000	0.206

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

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ALL	468	0.640	86.6	0.255	0.215	0.040	0.030
<100	TOTAL	0.785	1522.4	0.236	0.152	0.085	0.126
100-299	TOTAL	0.650	3105.9	0.185	0.110	0.075	0.101
300+	TOTAL	0.604	3648.7	0.166	0.096	0.070	0.089
<100	5	0.500	1.3	0.000	0.000	0.000	0.000
<100	10	1.000	3.3	0.200	0.200	0.000	0.200
<100	12	0.857	4.7	0.429	0.286	0.143	0 143
<100	14	0.872	52.2	0.308	0.269	0.038	0.026
<100	15	0.884	28.8	0.140	0.047	0.093	0.116
<100	16	1.750	2.7	1.000	0.250	0.750	0.000
<100	17	1.667	4.0	0.667	0.500	0.167	0.500
<100	18	1.000	2.0	0.000	0.000	0.000	1 000
<100	20	1.000	1.3	0.500	0.500	0.000	0.000
<100	22	0.813	10.7	0.250	0.188	0.063	0.125
<100	23	1.000	0.7	1.000	1.000	0.000	0.000
<100	24	0.684	12.7	0.000	0.000	0.000	0.211
<100	27	1.000	0.7	0.000	0.000	0.000	0 000
<100	28	1.000	2.0	0.000	0.000	0.000	0.000
<100	31	0.333	2.0	0.000	0.000	0.000	0.000
<100	32	0.500	1.3	0.000	0.000	0.000	0.000
<100	38	0.000	0.7	0.000	0.000	0.000	0.000
<100	39	1.000	3.3	0.000	0.000	0.000	0.800

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
ALL	468	0.015	0.262	0.000	0.015	0.015	0.048
<100	TOTAL	0.004	0.266	0.018	0.021	0.000	0 114
100-299	TOTAL	0.017	0.284	0.002	0 008	0.004	0 051
300+	TOTAL	0.026	0.282	0.002	0.004	0.002	0.035
<100	5	0.000	0.500	0.000	0.000	0.000	0.000
<100	10	0.000	0.600	0.000	0.000	0.000	0.000
<100	12	0.000	0.286	0.000	0.000	0.000	0.000
<100	14	0.000	0.244	0.064	0.013	0.000	0.218
<100	15	0.000	0.372	0.023	0.023	0.000	0.209
<100	16	0.000	0.750	0.000	0.000	0.000	0.000
<100	17	0.000	0.333	0.000	0.000	0.000	0 167
<100	18	0.000	0 000	0.000	0.000	0.000	0.000
<100	20	0.000	0 500	0.000	0.000	0.000	0.000
<100	22	0.000	0 313	0.000	0 000	0.000	0 125
<100	23	0.000	0.000	0.000	0.000	0.000	0 000
<100	24	0.000	0.263	0.000	0.000	0.000	0 211
<100	27	0.000	0.000	0.000	0 000	0.000	1.000
<100	28	0.000	0 667	0.000	0.000	0.000	0.333
<100	31	0 000	0 000	0.000	0 000	0.000	0 333
<100	32	0.000	0 500	0.000	0.000	0.000	0.000
<100	38	0.000	0.000	0.000	0.000	0.000	0.000
<100	39	0.000	0.000	0.000	0.000	0.000	0 200

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
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CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	43	1.000	0.7	0.000	0.000	0.000	0.000
<100	46	2.000	0.7	1.000	0.000	1.000	1.000
<100	47	1.000	0.7	0.000	0.000	0.000	0.000
<100	53	0.000	0.7	0.000	0.000	0.000	0.000
<100	64	1.000	0.7	0.000	0.000	0.000	1.000
<100	65	1.500	6.7	0.100	0.000	0.100	0.500
<100	66	0.500	1.3	0.000	0.000	0.000	0.500
<100	68	0.690	19.4	0.207	0.138	0.069	0.207
<100	69	0.500	2.7	0.000	0.000	0.000	0.250
<100	73	1.000	0.7	0.000	0.000	0.000	0.000
<100	78	0.500	2.7	0.000	0.000	0.000	0.000
<100	79	0.684	12.7	0.368	0.368	0.000	0.053
<100	82	0 857	9 4	0.214	0.143	0.071	0.286
<100	83	1.667	2.0	0 667	0.667	0.000	0.667
<100	84	2.000	0.7	1.000	0.000	1.000	1.000
<100	85	1.667	4.0	0 667	0.667	0.000	0.167
<100	87	1.205	26.1	0 692	0.667	0.026	0.051
<100	88	1.151	35.5	0.528	0.377	0.151	0.132
<100	89	0.665	121.7	0.209	0.198	0.011	0.038
<100	90	0.333	4 0	0.000	0.000	0.000	0 167
<100	92	0.667	2 0	0.667	0.333	0.333	0.000
<100	94	0.000	0 7	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
<100	43	0	1.000	0.000	0.000	0	0.000
<100	46	0	0.000	0.000	0.000	0	0.000
<100	47	0	1.000	0.000	0.000	0	0.000
<100	53	0	0.000	0.000	0.000	0	0.000
<100	64	0	0.000	0.000	0.000	0	0.000
<100	65	0	0.500	0.000	0.000	0	0 400
<100	66	0	0.000	0.000	0.000	0	0.000
<100	68	0	0 172	0.000	0.000	0	0 103
<100	69	0	0.250	0.000	0.000	0	0.000
<100	73	0	0 000	0.000	0.000	0	1 000
<100	78	0	0 500	0.000	0.000	0	0.000
<100	79	0	0.211	0.000	0.000	0	0 053
<100	82	0	0.143	0.000	0.071	0	0.143
<100	83	0	0.000	0.333	0.000	0	0.000
<100	84	0	0.000	0.000	0.000	0	0.000
<100	85	0	0 667	0.000	0.000	0	0 167
<100	87	0	0 231	0.000	0.051	0	0 179
<100	88	0	0.321	0.038	0.000	0	0.132
<100	89	0	0.258	0 027	0.022	0	0 110
<100	90	0	0.167	0.000	0 000	0	0.000
<100	92	0	0.000	0.000	0.000	0	0 000
<100	94	0	0.000	0 000	0.000	0	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	95	2.000	0.7	0.000	0.000	0.000	0.000
<100	96	0.532	52.8	0.089	0.013	0.076	0.127
<100	97	0.714	4.7	0.571	0.000	0.571	0.000
<100	99	1.176	11.4	0.647	0.235	0.412	0.000
<100	100	0.500	1.3	0.000	0.000	0.000	0.500
<100	101	1.250	5.4	0.375	0.250	0.125	0.250
<100	108	1.000	1.3	1.000	1.000	0.000	0.000
<100	110	0.000	0.7	0.000	0.000	0.000	0.000
<100	111	0.000	0.7	0.000	0.000	0.000	0.000
<100	112	0.000	1.3	0.000	0.000	0.000	0.000
<100	113	0.000	2.0	0.000	0.000	0.000	0.000
<100	114	1.000	0.7	0.000	0.000	0.000	0.000
<100	116	0.000	0.7	0.000	0.000	0.000	0.000
<100	117	0.000	0.7	0.000	0.000	0.000	0.000
<100	121	0.500	17.4	0.308	0.308	0.000	0.000
<100	122	0 472	24.1	0.167	0.083	0.083	0.028
<100	123	0.176	11.4	0.059	0.059	0.000	0 000
<100	124	0.000	0.7	0.000	0.000	0.000	0 000
<100	126	1.000	1.3	1.000	1.000	0.000	0.000
<100	127	0.707	89.0	0.158	0.135	0.023	0.060
<100	128	0.500	5.4	0.000	0.000	0.000	0.000
<100	129	1.750	2.7	1.000	1.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	95	0.000	0.000	0 000	1.000	0	1.000
<100	96	0.000	0.190	0.013	0.025	0	0.089
<100	97	0.000	0.143	0.000	0.000	0	0.000
<100	99	0.000	0.353	0.118	0.000	0	0.059
<100	100	0.000	0.000	0.000	0.000	0	0.000
<100	101	0.000	0.625	0.000	0.000	0	0.000
<100	108	0.000	0.000	0 000	0.000	0	0.000
<100	110	0.000	0.000	0.000	0.000	0	0.000
<100	111	0.000	0.000	0 000	0.000	0	0.000
<100	112	0.000	0.000	0 000	0.000	0	0.000
<100	113	0.000	0.000	0.000	0.000	0	0.000
<100	114	0.000	1.000	0.000	0.000	0	0.000
<100	116	0.000	0.000	0 000	0.000	0	0.000
<100	117	0.000	0.000	0.000	0.000	0	0.000
<100	121	0.000	0.154	0.000	0.000	0	0.038
<100	122	0.000	0.028	0.056	0.083	0	0.111
<100	123	0.000	0.000	0.000	0.000	0	0.118
<100	124	0 000	0.000	0.000	0.000	0	0.000
<100	126	0.000	0.000	0.000	0.000	0	0.000
<100	127	0.000	0.301	0.030	0.023	0	0.135
<100	128	0.000	0.125	0.000	0.125	0	0.250
<100	129	0.000	0.000	0.000	0.000	0	0.750

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	130	0.850	13.4	0.350	0.300	0.050	0.200
<100	131	0.500	2.7	0.250	0.000	0.250	0.250
<100	132	1.700	13.4	0.900	0.750	0.150	0.050
<100	133	1.500	1.3	0.500	0.500	0.000	0.000
<100	134	0.950	13.4	0.350	0.050	0.300	0.200
<100	135	2.000	0.7	1.000	1.000	0.000	0.000
<100	138	0.321	35.5	0.075	0.038	0.038	0.038
<100	139	0.429	4.7	0.143	0.143	0.000	0.000
<100	140	0.621	63.5	0.126	0.074	0.053	0.053
<100	141	1.069	19.4	0.310	0.103	0.207	0.207
<100	142	1.667	2.0	0.667	0.000	0.667	0.000
<100	143	0.600	10.0	0.133	0.000	0.133	0.067
<100	144	0.500	2.7	0.000	0.000	0.000	0.000
<100	145	0.667	4.0	0.500	0.333	0.167	0.000
<100	146	1.333	2.0	0.333	0.333	0.000	0.000
<100	148	0.571	9.4	0.000	0.000	0.000	0.000
<100	149	0.000	0.7	0.000	0.000	0.000	0.000
<100	150	1.500	1.3	0.500	0.000	0.500	0.000
<100	152	0.333	2.0	0.333	0.000	0.333	0.000
<100	154	0.250	2.7	0.000	0.000	0.000	0.000
<100	157	0.333	4.0	0.000	0.000	0.000	0.167
<100	158	1.000	2.0	0.333	0.000	0.333	0.667

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	130	0.000	0.150	0.000	0.000	0.000	0.150
<100	131	0.000	0.000	0.000	0.000	0.000	0.000
<100	132	0.000	0.500	0.000	0.050	0.000	0.200
<100	133	0.000	1.000	0.000	0.000	0.000	0.000
<100	134	0.000	0.300	0.000	0.000	0.000	0.100
<100	135	0.000	1 000	0.000	0.000	0.000	0.000
<100	138	0.000	0.113	0.000	0.019	0.000	0.075
<100	139	0.000	0.143	0.000	0.000	0.000	0.143
<100	140	0.000	0.316	0.000	0.011	0.000	0.116
<100	141	0.000	0.241	0.000	0.034	0.000	0.276
<100	142	0.000	1.000	0.000	0.000	0.000	0.000
<100	143	0.000	0.200	0.000	0.000	0.000	0.200
<100	144	0.000	0.250	0.250	0.000	0.000	0.000
<100	145	0.000	0 167	0.000	0.000	0.000	0.000
<100	146	0.333	0.333	0.000	0.000	0.000	0.333
<100	148	0.071	0.286	0.000	0.071	0.000	0.143
<100	149	0.000	0.000	0.000	0.000	0.000	0.000
<100	150	0.000	0.500	0.000	0.000	0.000	0.500
<100	152	0.000	0.000	0.000	0.000	0.000	0.000
<100	154	0.000	0.250	0.000	0.000	0.000	0.000
<100	157	0.167	0.000	0.000	0.000	0.000	0 000
<100	158	0.000	0.000	0.000	0.000	0.000	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	159	0.800	6.7	0.200	0.200	0.000	0.000
<100	161	0.273	7.4	0.182	0.000	0.182	0.000
<100	162	0.455	7.4	0.182	0.000	0.182	0.000
<100	166	0.000	0.7	0.000	0.000	0.000	0.000
<100	168	2.000	0.7	0.000	0.000	0.000	1.000
<100	170	1.000	2.0	0.667	0.667	0.000	0.000
<100	172	1.455	7.4	0.545	0.455	0.091	0.182
<100	173	1.000	0.7	0.000	0.000	0.000	1.000
<100	174	0.806	20.7	0.194	0.194	0.000	0.032
<100	175	1.000	1.3	0.500	0.000	0.500	0.000
<100	176	0.750	2.7	0.250	0.250	0.000	0.000
<100	177	0.750	2.7	0.500	0.000	0.500	0.000
<100	178	0.500	1.3	0.000	0.000	0.000	0.500
<100	179	1.000	1.3	0.500	0.500	0.000	0.000
<100	180	0.696	15.4	0.348	0.217	0.130	0.043
<100	181	2.000	0.7	1.000	0.000	1.000	0.000
<100	182	0.888	77.6	0.164	0.017	0.147	0.198
<100	183	0.800	6.7	0.100	0.000	0.100	0.400
<100	188	0.818	7.4	0.182	0.182	0.000	0.182
<100	189	0.000	0.7	0.000	0.000	0.000	0.000
<100	192	0.000	0.7	0.000	0.000	0.000	0.000
<100	193	0.500	1.3	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	159	0.000	0.600	0.000	0.000	0.000	0.000
<100	161	0.000	0.091	0.000	0.000	0.000	0.000
<100	162	0.091	0.182	0.000	0.000	0.000	0.000
<100	166	0.000	0.000	0.000	0.000	0.000	0.000
<100	168	0.000	0.000	0.000	0.000	0.000	1.000
<100	170	0.000	0.333	0.000	0.000	0.000	0.000
<100	172	0.000	0.364	0.000	0.091	0.000	0.273
<100	173	0.000	0.000	0.000	0.000	0.000	0.000
<100	174	0.000	0.419	0.032	0.000	0.032	0.097
<100	175	0.000	0.000	0.000	0.000	0.000	0.500
<100	176	0.000	0.250	0.000	0.000	0.000	0.250
<100	177	0.000	0.000	0.000	0.000	0.000	0.250
<100	178	0.000	0.000	0.000	0.000	0.000	0.000
<100	179	0.000	0.500	0.000	0.000	0.000	0.000
<100	180	0.000	0.174	0.000	0.043	0.000	0.087
<100	181	0.000	1.000	0.000	0.000	0.000	0.000
<100	182	0.000	0.345	0.009	0.026	0.000	0.147
<100	183	0.000	0.200	0.000	0.000	0.000	0.100
<100	188	0.000	0.273	0.000	0.091	0.000	0.091
<100	189	0.000	0.000	0.000	0.000	0.000	0.000
<100	192	0.000	0.000	0.000	0.000	0.000	0.000
<100	193	0.000	0.500	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	196	0.000	1.3	0.000	0.000	0.000	0.000
<100	197	0.545	7.4	0.091	0.000	0.091	0.000
<100	198	0.500	2.7	0.000	0.000	0.000	0.000
<100	199	0.000	0.7	0.000	0.000	0.000	0.000
<100	202	1.167	4.0	0.333	0.333	0.000	0.167
<100	203	0.500	5.4	0.000	0.000	0.000	0.000
<100	204	0.333	4.0	0.167	0.000	0.167	0.167
<100	205	2.667	2.0	1.000	1.000	0.000	0.000
<100	206	0.000	0.7	0.000	0.000	0.000	0.000
<100	207	0.364	7.4	0.182	0.091	0.091	0.000
<100	208	0.750	2.7	0.250	0.250	0.000	0.250
<100	209	0.800	10.0	0.000	0.000	0.000	0.000
<100	210	0.950	13.4	0.000	0.000	0.000	0.000
<100	214	1.000	0.7	0.000	0.000	0.000	0.000
<100	221	1.000	0.7	1.000	1.000	0.000	0.000
<100	225	0.400	13.4	0.050	0.000	0.050	0.050
<100	228	1.000	0.7	1.000	0.000	1.000	0.000
<100	231	1.000	1.3	0.000	0.000	0.000	0.000
<100	234	1.000	2.0	0.667	0.333	0.333	0.333
<100	235	1.333	2.0	0.333	0.333	0.000	0.333
<100	236	0.900	13.4	0.100	0.050	0.050	0.100
<100	237	1.000	1.3	0.000	0.000	0.000	1.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	196	0.000	0.000	0.000	0.000	0	0.000
<100	197	0.000	0.273	0.091	0.000	0	0.091
<100	198	0.000	0.500	0.000	0.000	0	0.000
<100	199	0.000	0.000	0.000	0.000	0	0.000
<100	202	0.000	0.667	0.000	0.000	0	0.000
<100	203	0.000	0.500	0.000	0.000	0	0.000
<100	204	0.000	0.000	0.000	0.000	0	0.000
<100	205	0.000	1.000	0.333	0.000	0	0.333
<100	206	0.000	0.000	0.000	0.000	0	0.000
<100	207	0.000	0.182	0.000	0.000	0	0.000
<100	208	0.000	0.250	0.000	0.000	0	0.000
<100	209	0.000	0.533	0.000	0.000	0	0.267
<100	210	0.000	0.750	0.100	0.000	0	0.100
<100	214	0.000	1.000	0.000	0.000	0	0.000
<100	221	0.000	0.000	0.000	0.000	0	0.000
<100	225	0.000	0.250	0.000	0.000	0	0.050
<100	228	0.000	0.000	0.000	0.000	0	0.000
<100	231	0.500	0.500	0.000	0.000	0	0.000
<100	234	0.000	0.000	0.000	0.000	0	0.000
<100	235	0.000	0.667	0.000	0.000	0	0.000
<100	236	0.000	0.550	0.050	0.050	0	0.050
<100	237	0.000	0.000	0.000	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

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<100	238	2.000	0.7	1.000	1.000	0.000	0.000
<100	239	1.250	5.4	0.375	0.250	0.125	0.625
<100	240	1.286	4.7	0.714	0.714	0.000	0.286
<100	241	0.500	1.3	0.000	0.000	0.000	0.500
<100	243	0.953	28.8	0.070	0.023	0.047	0.488
<100	244	1.125	5.4	0.125	0.000	0.125	0.375
<100	245	1.000	1.3	0.500	0.000	0.500	0.500
<100	246	1.333	2.0	0.333	0.000	0.333	1.000
<100	247	1.000	1.3	0.500	0.000	0.500	0.500
<100	248	1.000	2.7	0.500	0.000	0.500	0.250
<100	250	0.400	6.7	0.000	0.000	0.000	0.200
<100	253	1.300	6.7	0.300	0.100	0.200	0.100
<100	256	0.500	2.7	0.000	0.000	0.000	0.000
<100	257	0.500	5.4	0.000	0.000	0.000	0.000
<100	258	0.000	0.7	0.000	0.000	0.000	0.000
<100	259	2.000	0.7	1.000	0.000	1.000	0.000
<100	262	1.000	1.3	0.000	0.000	0.000	1.000
<100	263	1.000	0.7	0.000	0.000	0.000	0.000
<100	265	1.000	0.7	1.000	1.000	0.000	0.000
<100	266	0.000	1.3	0.000	0.000	0.000	0.000
<100	267	1.000	0.7	0.000	0.000	0.000	1.000
<100	269	1.000	0.7	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	238	0.000	1.000	0.000	0.000	0	0.000
<100	239	0.000	0.250	0.000	0.000	0	0.000
<100	240	0.000	0.286	0.000	0.000	0	0.000
<100	241	0.000	0.000	0.000	0.000	0	0.000
<100	243	0.023	0.256	0.047	0.000	0	0.070
<100	244	0.000	0.375	0.125	0.000	0	0.125
<100	245	0.000	0.000	0.000	0.000	0	0.000
<100	246	0.000	0.000	0.000	0.000	0	0.000
<100	247	0.000	0.000	0.000	0.000	0	0.000
<100	248	0.000	0.250	0.000	0.000	0	0.000
<100	250	0.000	0.200	0.000	0.000	0	0.000
<100	253	0.100	0.500	0.200	0.000	0	0.100
<100	256	0.000	0.500	0.000	0.000	0	0.000
<100	257	0.125	0.375	0.000	0.000	0	0.000
<100	258	0.000	0.000	0.000	0.000	0	0.000
<100	259	0.000	1.000	0.000	0.000	0	0.000
<100	262	0.000	0.000	0.000	0.000	0	0.000
<100	263	0.000	1.000	0.000	0.000	0	0.000
<100	265	0.000	0.000	0.000	0.000	0	0.000
<100	266	0.000	0.000	0.000	0.000	0	0.000
<100	267	0.000	0.000	0.000	0.000	0	0.000
<100	269	0.000	1.000	0.000	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

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<100	271	0.857	4.7	0.286	0.286	0.000	0.000
<100	272	0.500	1.3	0.000	0.000	0.000	0.000
<100	274	0.500	1.3	0.500	0.500	0.000	0.000
<100	275	2.000	0.7	1.000	0.000	1.000	0.000
<100	277	0.381	14.0	0.048	0.048	0.000	0.095
<100	278	0.500	1.3	0.500	0.000	0.500	0.000
<100	280	1.273	7.4	0.364	0.000	0.364	0.545
<100	281	1.000	1.3	0.500	0.000	0.500	0.000
<100	283	1.000	2.0	0.333	0.000	0.333	0.667
<100	287	0.000	0.7	0.000	0.000	0.000	0.000
<100	290	0.000	0.7	0.000	0.000	0.000	0.000
<100	292	1.000	0.7	0.000	0.000	0.000	0.000
<100	294	0.764	36.8	0.127	0.036	0.091	0.327
<100	295	0.333	2.0	0.000	0.000	0.000	0.000
<100	296	0.918	48.8	0.288	0.233	0.055	0.082
<100	297	0.500	2.7	0.250	0.000	0.250	0.000
<100	300	1.000	1.3	0.500	0.500	0.000	0.500
<100	304	1.000	0.7	1.000	1.000	0.000	0.000
<100	306	1.000	4.7	1.000	1.000	0.000	0.000
<100	308	0.750	2.7	0.500	0.000	0.500	0.250
<100	310	1.000	2.0	0.333	0.000	0.333	0.000
<100	312	1.000	0.7	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	1NAPPR. PROCEDURES	QUALITY PROBLEMS
<100	271	0.000	0.143	0.000	0.143	0	0.286
<100	272	0.000	0.500	0.000	0.000	0	0.000
<100	274	0.000	0.000	0.000	0.000	0	0.000
<100	275	0.000	0.000	0.000	0.000	0	1.000
<100	277	0.000	0.143	0.000	0.048	0	0.048
<100	278	0.000	0.000	0.000	0.000	0	0.000
<100	280	0.000	0.273	0.000	0.000	0	0.091
<100	281	0.000	0.500	0.000	0.000	0	0.000
<100	283	0.000	0.000	0.000	0.000	0	0.000
<100	287	0.000	0.000	0.000	0.000	0	0.000
<100	290	0.000	0.000	0.000	0.000	0	0.000
<100	292	0.000	1.000	0.000	0.000	0	0.000
<100	294	0.000	0.236	0 018	0.000	0	0.055
<100	295	0.000	0.333	0.000	0.000	0	0 000
<100	296	0.000	0.370	0.000	0.068	0	0 110
<100	297	0 000	0 250	0 000	0.000	0	0.000
<100	300	0.000	0.000	0.000	0.000	0	0.000
<100	304	0.000	0.000	0.000	0.000	0	0.000
<100	306	0.000	0.000	0.000	0.000	0	0.000
<100	308	0.000	0 000	0.000	0 000	0	0 000
<100	310	0.000	0.333	0.000	0.000	0	0 333
<100	312	0.000	1 000	0.000	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	315	2.000	0.7	1.000	0.000	1.000	0.000
<100	316	1.000	7.4	0.455	0.455	0.000	0.091
<100	318	1.000	0.7	1.000	1.000	0.000	0.000
<100	320	0.694	32.8	0.082	0.041	0.041	0.143
<100	321	0.500	1.3	0.500	0.000	0.500	0.000
<100	323	0.625	5.4	0.000	0.000	0.000	0.000
<100	324	0.667	2.0	0.333	0.000	0.333	0.333
<100	325	0.667	4.0	0.167	0.000	0.167	0.333
<100	328	0.000	0.7	0.000	0.000	0.000	0.000
<100	331	0.750	2.7	0.750	0.250	0.500	0.000
<100	336	0.400	10.0	0.133	0.133	0.000	0.000
<100	337	0.333	2.0	0.000	0.000	0.000	0.000
<100	338	0.000	0.7	0.000	0.000	0.000	0.000
<100	339	0.000	1.3	0.000	0.000	0.000	0.000
<100	346	0.200	3.3	0.000	0.000	0.000	0.200
<100	348	1.000	1.3	1.000	1.000	0.000	0.000
<100	350	0.250	2.7	0.000	0.000	0.000	0.000
<100	353	0.000	0.7	0.000	0.000	0.000	0.000
<100	354	0.800	3.3	0.000	0.000	0.000	0.000
<100	355	0.667	2.0	0.333	0.000	0.333	0.000
<100	356	0.333	2.0	0.000	0.000	0.000	0.000
<100	364	0.500	1.3	0.000	0.000	0.000	0.500

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	315	0.000	1.000	0.000	0.000	0	0.000
<100	316	0.000	0.091	0.000	0.091	0	0.273
<100	318	0.000	0.000	0.000	0.000	0	0.000
<100	320	0.000	0.163	0.020	0.102	0	0.184
<100	321	0.000	0.000	0.000	0.000	0	0.000
<100	323	0.000	0.250	0.125	0.000	0	0.250
<100	324	0.000	0.000	0.000	0.000	0	0.000
<100	325	0.000	0.000	0.000	0.000	0	0.167
<100	328	0.000	0.000	0.000	0.000	0	0.000
<100	331	0.000	0.000	0.000	0.000	0	0.000
<100	336	0.000	0.267	0.000	0.000	0	0.000
<100	337	0.000	0.333	0.000	0.000	0	0.000
<100	338	0.000	0.000	0.000	0.000	0	0.000
<100	339	0.000	0.000	0.000	0.000	0	0.000
<100	346	0.000	0.000	0.000	0.000	0	0.000
<100	348	0.000	0.000	0.000	0.000	0	0.000
<100	350	0.000	0.250	0.000	0.000	0	0.000
<100	353	0.000	0.000	0.000	0.000	0	0.000
<100	354	0.000	0.800	0.000	0.000	0	0.000
<100	355	0.333	0.000	0.000	0.000	0	0.000
<100	356	0.000	0.333	0.000	0.000	0	0.000
<100	364	0.000	0.000	0.000	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	366	1.000	0.7	1.000	1.000	0.000	0.000
<100	368	1.000	0.7	0.000	0.000	0.000	1.000
<100	369	1.000	0.7	0.000	0.000	0.000	1.000
<100	395	0.636	7.4	0.182	0.091	0.091	0.091
<100	403	0.750	2.7	0.750	0.750	0.000	0.000
<100	410	0.000	0.7	0.000	0.000	0.000	0.000
<100	413	1.667	2.0	1.000	0.000	1.000	0.000
<100	414	0.000	0.7	0.000	0.000	0.000	0.000
<100	416	1.077	8.7	0.538	0.462	0.077	0.000
<100	418	0.500	1.3	0.500	0.500	0.000	0.000
<100	419	0.600	3.3	0.400	0.400	0.000	0.000
<100	420	0.500	1.3	0.000	0.000	0.000	0.000
<100	421	1.000	6.0	0.222	0.000	0.222	0.333
<100	423	2.000	0.7	1.000	1.000	0.000	0.000
<100	425	1.143	4.7	0.000	0.000	0.000	0.857
<100	426	1.000	4.0	0.500	0.333	0.167	0.333
<100	429	1.167	8.0	0.167	0.167	0.000	0.417
<100	430	0.636	7.4	0.273	0.182	0.091	0.091
<100	433	1.000	2.0	0.000	0.000	0.000	0.333
<100	434	2.000	0.7	0.000	0.000	0.000	0.000
<100	436	0.600	3.3	0.200	0.200	0.000	0.200
<100	438	1.000	4.7	0.429	0.000	0.429	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
<100	366	0.000	0.000	0.000	0.000	0	0.000
<100	368	0.000	0.000	0.000	0.000	0	0.000
<100	369	0.000	0.000	0.000	0.000	0	0.000
<100	395	0.000	0.182	0.000	0.000	0	0.182
<100	403	0.000	0.000	0.000	0.000	0	0.000
<100	410	0.000	0.000	0.000	0.000	0	0.000
<100	413	0.000	0.333	0.000	0.333	0	0.000
<100	414	0.000	0.000	0.000	0.000	0	0.000
<100	416	0.000	0.308	0.000	0.000	0	0.231
<100	418	0.000	0.000	0.000	0.000	0	0.000
<100	419	0.000	0.200	0.000	0.000	0	0.000
<100	420	0.000	0.500	0.000	0.000	0	0.000
<100	421	0.000	0.333	0.000	0.000	0	0.111
<100	423	0.000	1.000	0.000	0.000	0	0.000
<100	425	0.000	0.000	0.000	0.000	0	0.286
<100	426	0.000	0.000	0.000	0.000	0	0.167
<100	429	0.000	0.417	0.083	0.000	0	0.083
<100	430	0.000	0.091	0.000	0.000	0	0.182
<100	433	0.000	0.667	0.000	0.000	0	0.000
<100	434	0.000	0.000	0.000	1.000	0	1.000
<100	436	0.000	0.200	0.000	0.000	0	0.000
<100	438	0.000	0.143	0.000	0.143	0	0.286

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
<100	439	0.000	0.7	0.000	0.000	0.000	0.000
<100	442	0.250	2.7	0.000	0.000	0.000	0.250
<100	443	1.000	0.7	0.000	0.000	0.000	0.000
<100	444	0.500	1.3	0.000	0.000	0.000	0.500
<100	447	1.000	1.3	0.500	0.000	0.500	0.500
<100	449	0.917	8.0	0.500	0.167	0.333	0.167
<100	450	1.000	1.3	0.500	0.000	0.500	0.000
<100	452	1.000	0.7	1.000	0.000	1.000	0.000
<100	453	2.000	0.7	0.000	0.000	0.000	0.000
<100	454	0.000	2.0	0.000	0.000	0.000	0.000
<100	460	1.000	0.7	0.000	0.000	0.000	0.000
<100	463	1.500	6.7	0.800	0.100	0.700	0.100
<100	464	1.333	2.0	0.333	0.333	0.000	0.333
<100	466	1.000	0.7	0.000	0.000	0.000	1.000
<100	468	1.111	6.0	0.556	0.444	0.111	0.222
100-299	1	0.333	3.9	0.000	0.000	0.000	0.000
100-299	4	1.000	1.3	0.000	0.000	0.000	0.000
100-299	5	0.545	14.3	0.000	0.000	0.000	0.000
100-299	7	1.000	1.3	0.000	0.000	0.000	0.000
100-299	9	0.000	1.3	0.000	0.000	0.000	0.000
100-299	10	0.571	9.1	0.000	0.000	0.000	0.143
100-299	12	1.125	10.4	0.625	0.500	0.125	0.250

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
<100	439	0.000	0.000	0.000	0	0	0.000
<100	442	0.000	0.000	0.000	0	0	0.000
<100	443	0.000	1.000	0.000	0	0	0.000
<100	444	0.000	0.000	0.000	0	0	0.000
<100	447	0.000	0.000	0.000	0	0	0 000
<100	449	0.000	0.083	0.000	0	0	0.167
<100	450	0.000	0.500	0.000	0	0	0.000
<100	452	0.000	0.000	0.000	0	0	0.000
<100	453	0.000	1.000	0.000	0	0	1.000
<100	454	0.000	0.000	0.000	0	0	0 000
<100	460	0.000	1.000	0.000	0	0	0.000
<100	463	0.000	0.600	0.000	0	0	0.000
<100	464	0.000	0.333	0.000	0	0	0.333
<100	466	0.000	0.000	0.000	0	0	0.000
<100	468	0.000	0.333	0.000	0	0	0.000
100-299	1	0.333	0.000	0.000	0	0	0.000
100-299	4	1.000	0.000	0.000	0	0	0.000
100-299	5	0.182	0.273	0.091	0	0	0.000
100-299	7	0.000	1.000	0.000	0	0	0.000
100-299	9	0.000	0.000	0.000	0	0	0.000
100-299	10	0.000	0.429	0.000	0	0	0.000
100-299	12	0.000	0.250	0.000	0	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
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100-299	13	1.000	2.6	0.000	0.000	0.000	0.000
100-299	14	0.493	87.1	0.134	0.134	0.000	0.075
100-299	15	0.760	65.0	0.160	0.040	0.120	0.100
100-299	16	1.333	7.8	0.667	0.167	0.500	0.000
100-299	17	1.000	3.9	0.667	0.333	0.333	0.333
100-299	18	0.833	7.8	0.167	0.167	0.000	0.000
100-299	20	1.000	1.3	0.000	0.000	0.000	0.000
100-299	22	1.000	5.2	0.250	0.250	0.000	0.250
100-299	23	0.000	1.3	0.000	0.000	0.000	0.000
100-299	24	1.000	19.5	0.133	0.067	0.067	0.200
100-299	25	1.000	5 2	0.250	0.000	0.250	0.000
100-299	27	1.000	1.3	1.000	1.000	0.000	0.000
100-299	28	0.000	6.5	0.000	0.000	0.000	0.000
100-299	31	0.500	2.6	0.000	0.000	0.000	0.000
100-299	34	1.000	1.3	0.000	0.000	0.000	0.000
100-299	36	0.000	1.3	0.000	0.000	0.000	0.000
100-299	39	0.839	40.3	0.000	0.000	0.000	0.806
100-299	40	1.000	1.3	0.000	0.000	0.000	0.000
100-299	42	1.000	1.3	0.000	0.000	0.000	0.000
100-299	45	1.000	1.3	0.000	0.000	0.000	1.000
100-299	47	1.000	1.3	0.000	0.000	0.000	1.000
100-299	50	0.000	1.3	0.000	0.000	0.000	0 000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	13	0.000	1.000	0	0.000	0.000	0.000
100-299	14	0.000	0.209	0	0.000	0.000	0.075
100-299	15	0.020	0.400	0	0.000	0.000	0.080
100-299	16	0.000	0.667	0	0.000	0.000	0.000
100-299	17	0.000	0.000	0	0.000	0.000	0.000
100-299	18	0.000	0.667	0	0.000	0.000	0.000
100-299	20	0.000	1.000	0	0.000	0.000	0.000
100-299	22	0.000	0.500	0	0.000	0.000	0.000
100-299	23	0.000	0.000	0	0.000	0.000	0.000
100-299	24	0.000	0.467	0	0.000	0.000	0.200
100-299	25	0.000	0.750	0	0.000	0.000	0.000
100-299	27	0.000	0.000	0	0.000	0.000	0.000
100-299	28	0.000	0.000	0	0.000	0.000	0.000
100-299	31	0.000	0.500	0	0.000	0.000	0 000
100-299	34	0.000	1.000	0	0.000	0.000	0.000
100-299	36	0.000	0.000	0	0.000	0.000	0.000
100-299	39	0.000	0.032	0	0.000	0.000	0.000
100-299	40	0.000	1.000	0	0.000	0.000	0.000
100-299	42	0.000	1.000	0	0.000	0.000	0.000
100-299	45	0.000	0.000	0	0.000	0.000	0.000
100-299	47	0.000	0.000	0	0.000	0.000	0 000
100-299	50	0.000	0.000	0	0.000	0.000	0 000

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NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
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CASE-WEICHTED NATIONAL ESTIMATES

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100-299	51	0.000	1.3	0.000	0.000	0.000	0.000
100-299	53	0.250	5.2	0.250	0.000	0.250	0.000
100-299	55	0.000	3.9	0.000	0.000	0.000	0.000
100-299	56	0.333	3.9	0.333	0.000	0.333	0.000
100-299	63	1.000	1.3	0.000	0.000	0.000	0.000
100-299	64	1.000	2.6	0.000	0.000	0.000	0.500
100-299	65	0.818	14 3	0.000	0.000	0.000	0.364
100-299	66	0.500	5.2	0.250	0.000	0.250	0 000
100-299	68	0.857	9.1	0.143	0.000	0.143	0.286
100-299	69	0.500	5.2	0.250	0.000	0.250	0.000
100-299	73	0.750	5.2	0.000	0.000	0.000	0.500
100-299	75	0.625	10.4	0.125	0.125	0.000	0.000
100-299	76	0.500	5.2	0.250	0.250	0.000	0.000
100-299	77	2.000	1.3	1.000	1.000	0.000	1.000
100-299	78	0.308	16.9	0 077	0.077	0.000	0.000
100-299	79	0.667	27.3	0.190	0.190	0.000	0.000
100-299	82	0.583	31.2	0 167	0.125	0.042	0.167
100-299	83	1.000	1.3	0.000	0.000	0.000	1.000
100-299	85	0.571	9.1	0.429	0.429	0.000	0.000
100-299	87	0 679	36.4	0.464	0.464	0.000	0.000
100-299	88	0.543	45.5	0.229	0.171	0.057	0.086
100-299	89	0.604	118.4	0.143	0.110	0.033	0.044

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	51	0.000	0.000	0.000	0.000	0.000	0.000
100-299	53	0.000	0.000	0.000	0.000	0.000	0.000
100-299	55	0.000	0.000	0.000	0.000	0.000	0.000
100-299	56	0.000	0.000	0.000	0.000	0.000	0.000
100-299	63	0.000	1.000	0.000	0.000	0.000	0.000
100-299	64	0.000	0.500	0.000	0.000	0.000	0.000
100-299	65	0.000	0.455	0.000	0.000	0.000	0.000
100-299	66	0.000	0.250	0.000	0.000	0.000	0.000
100-299	68	0.000	0.429	0.000	0.000	0.000	0.000
100-299	69	0.000	0.250	0.000	0.000	0.000	0.000
100-299	73	0.000	0.250	0.000	0.000	0.000	0.000
100-299	75	0.250	0.250	0.000	0 000	0.000	0.000
100-299	76	0.000	0.000	0.000	0 000	0.000	0.250
100-299	77	0.000	0.000	0.000	0.000	0.000	0.000
100-299	78	0.000	0.231	0.000	0.000	0.000	0.000
100-299	79	0.000	0.333	0.000	0.000	0.000	0.143
100-299	82	0.083	0.167	0.000	0.000	0.000	0.000
100-299	83	0.000	0.000	0.000	0.000	0.000	0.000
100-299	85	0.000	0.143	0.000	0.000	0.000	0.000
100-299	87	0.000	0.143	0.000	0.000	0.000	0.071
100-299	88	0.000	0 171	0.000	0 029	0.000	0.029
100-299	89	0.000	0.297	0.000	0.022	0.011	0.088

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEICHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANCES	CHANCES TO LOWER WEICHT	CHANCES TO HIGHER WEICHT	INAPPROPRIATE ADMISSIONS
100-299	90	0.857	9.1	0.286	0.143	0.143	0.143
100-299	92	1.000	6.5	0.600	0.200	0.400	0.200
100-299	94	0.000	2.6	0.000	0.000	0.000	0.000
100-299	96	0.518	72.8	0.089	0.071	0.018	0.089
100-299	97	0.667	7.8	0.167	0.000	0.167	0.000
100-299	99	1.154	16.9	0.615	0.231	0.385	0.000
100-299	100	0.667	3.9	0.333	0.000	0.333	0.000
100-299	101	1.250	5.2	0.750	0.250	0.500	0.000
100-299	102	0.000	1.3	0.000	0.000	0.000	0.000
100-299	107	1.000	2.6	0.500	0.000	0.500	0.000
100-299	110	0.583	15.6	0.250	0.250	0.000	0.000
100-299	111	1.000	1.3	0.000	0.000	0.000	0.000
100-299	112	0.000	2.6	0.000	0.000	0.000	0.000
100-299	113	0.667	3.9	0.000	0.000	0.000	0.000
100-299	115	0.000	1.3	0.000	0.000	0.000	0.000
100-299	116	0.571	9.1	0.000	0.000	0.000	0.000
100-299	117	0.333	3.9	0.000	0 000	0.000	0.000
100-299	118	0.500	2.6	0.000	0.000	0.000	0.000
100-299	120	1.000	5.2	0.250	0.250	0.000	0.000
100-299	121	0.304	29.9	0.130	0.130	0.000	0.000
100-299	122	0.278	46.8	0.139	0.083	0.056	0.000
100-299	123	0.450	26.0	0.100	0.100	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARCE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	90	0.000	0.429	0.000	0.000	0.000	0.000
100-299	92	0.000	0.200	0.000	0.000	0.000	0.000
100-299	94	0.000	0.000	0.000	0 000	0.000	0.000
100-299	96	0.000	0.286	0 000	0.000	0.000	0.054
100-299	97	0.000	0.500	0.000	0.000	0.000	0.000
100-299	99	0.000	0.462	0.000	0.000	0.000	0.077
100-299	100	0.000	0.333	0.000	0.000	0.000	0.000
100-299	101	0.000	0.500	0.000	0.000	0.000	0.000
100-299	102	0.000	0.000	0.000	0.000	0.000	0.000
100-299	107	0.000	0 500	0.000	0.000	0.000	0.000
100-299	110	0.000	0.333	0.000	0.000	0.000	0.000
100-299	111	1.000	0.000	0.000	0.000	0.000	0.000
100-299	112	0.000	0 000	0.000	0.000	0.000	0.000
100-299	113	0.000	0.667	0.000	0.000	0.000	0.000
100-299	115	0.000	0.000	0.000	0.000	0.000	0.000
100-299	116	0.000	0.571	0.000	0.000	0.000	0.000
100-299	117	0.000	0.333	0.000	0.000	0.000	0.000
100-299	118	0.000	0.500	0.000	0.000	0.000	0.000
100-299	120	0.000	0.750	0.000	0.000	0.000	0.000
100-299	121	0.000	0.130	0.000	0.000	0.000	0.043
100-299	122	0.000	0.139	0 000	0.000	0.000	0.000
100-299	123	0.000	0.000	0 000	0.000	0.000	0 350

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	124	0.667	3.9	0.667	0.333	0.333	0.000
100-299	125	0.250	10.4	0.000	0.000	0.000	0.000
100-299	127	0.562	178.2	0.117	0.058	0.058	0.044
100-299	128	0.538	16.9	0.077	0.000	0.077	0.000
100-299	129	0.500	7.8	0.500	0.500	0.000	0.000
100-299	130	0.731	33.8	0.231	0.231	0.000	0.115
100-299	131	0.500	7.8	0.167	0.167	0.000	0.167
100-299	132	1.500	15.6	0.833	0.417	0.417	0.167
100-299	134	0.833	15.6	0.167	0.083	0.083	0.250
100-299	135	2.000	1.3	0.000	0.000	0.000	0.000
100-299	136	1.000	1.3	0.000	0.000	0.000	0.000
100-299	138	0.403	87.1	0.119	0.075	0.045	0.000
100-299	139	0.286	9.1	0.143	0.000	0.143	0.000
100-299	140	0.547	123.6	0.189	0.116	0.074	0.021
100-299	141	0.714	36.4	0.179	0.000	0.179	0.036
100-299	142	0.667	3.9	0.333	0.000	0.333	0.000
100-299	143	0.526	24.7	0.211	0.000	0.211	0.000
100-299	144	0.500	18.2	0.286	0.286	0.000	0.071
100-299	145	1.000	5.2	1.000	0.500	0.500	0.000
100-299	146	0.333	3.9	0.000	0.000	0.000	0.000
100-299	148	0.267	19.5	0.000	0.000	0.000	0.000
100-299	149	1.000	1.3	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	124	0.000	0.000	0.000	0.000	0.000	0.000
100-299	125	0.125	0.125	0.000	0.000	0.000	0.000
100-299	127	0.000	0.314	0.000	0.007	0.007	0.073
100-299	128	0.000	0.308	0.000	0.077	0.000	0.077
100-299	129	0.000	0.000	0.000	0.000	0.000	0.000
100-299	130	0.000	0.269	0.038	0.000	0.000	0.077
100-299	131	0.167	0.000	0.000	0.000	0.000	0.000
100-299	132	0.000	0.333	0.083	0.000	0.000	0.083
100-299	134	0.000	0.333	0.000	0.000	0.000	0.083
100-299	135	0.000	0.000	0.000	1.000	0.000	1.000
100-299	136	0.000	1.000	0.000	0.000	0.000	0.000
100-299	138	0.000	0.239	0.000	0.000	0.000	0.045
100-299	139	0.000	0.143	0.000	0.000	0.000	0.000
100-299	140	0.000	0.274	0.011	0.011	0.011	0.032
100-299	141	0.000	0.393	0.000	0.036	0.000	0.071
100-299	142	0.000	0.333	0.000	0.000	0.000	0.000
100-299	143	0.000	0.316	0.000	0.000	0.000	0.000
100-299	144	0.000	0.071	0.000	0.000	0.000	0.071
100-299	145	0.000	0.000	0.000	0.000	0.000	0.000
100-299	146	0.000	0.333	0.000	0.000	0.000	0 000
100-299	148	0.000	0.267	0.000	0.000	0.000	0 000
100-299	149	0.000	1.000	0.000	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	150	0.000	5.2	0.000	0.000	0.000	0.000
100-299	152	2.000	3.9	0.667	0.667	0.000	0.000
100-299	154	1.200	19.5	0.467	0.467	0.000	0.067
100-299	155	0.500	2.6	0.000	0.000	0.000	0.000
100-299	157	0.556	11.7	0.111	0.000	0.111	0.444
100-299	158	0.500	5.2	0.000	0.000	0.000	0.000
100-299	159	0.600	6.5	0.000	0.000	0.000	0.000
100-299	160	0.500	2.6	0.000	0.000	0.000	0.000
100-299	161	0.440	32.5	0.040	0.000	0.040	0.040
100-299	162	0.750	5.2	0.500	0.000	0.500	0.000
100-299	164	0.000	2.6	0.000	0.000	0.000	0.000
100-299	167	1.000	2.6	0.500	0.500	0.000	0.000
100-299	168	1.000	1.3	1.000	1.000	0.000	0.000
100-299	170	0.500	7.8	0.167	0.167	0.000	0.000
100-299	172	0.778	11.7	0.222	0.222	0.000	0.000
100-299	173	1.000	1.3	0.000	0.000	0.000	1.000
100-299	174	0.756	53.3	0.195	0.146	0.049	0.122
100-299	175	1.125	10.4	0.625	0.125	0.500	0.250
100-299	176	0.500	2.6	0.000	0.000	0.000	0.500
100-299	177	0.667	7.8	0.333	0.000	0.333	0.333
100-299	178	1.000	1.3	0.000	0.000	0.000	1.000
100-299	179	1.500	2.6	0.500	0.500	0.000	0.500

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	150	0.000	0.000	0	0.000	0.000	0.000
100-299	152	0.333	0.667	0	0.000	0.000	0.333
100-299	154	0.067	0.467	0	0.000	0.133	0.000
100-299	155	0.500	0.000	0	0.000	0.000	0.000
100-299	157	0.000	0.000	0	0.000	0.000	0.000
100-299	158	0.250	0.250	0	0.000	0.000	0.000
100-299	159	0.000	0.600	0	0.000	0.000	0.000
100-299	160	0.000	0.500	0	0.000	0.000	0.000
100-299	161	0.000	0.360	0	0.000	0.000	0.000
100-299	162	0.000	0.250	0	0.000	0.000	0.000
100-299	164	0.000	0.000	0	0.000	0.000	0.000
100-299	167	0.000	0.500	0	0.000	0.000	0.000
100-299	168	0.000	0.000	0	0.000	0.000	0.000
100-299	170	0.000	0.167	0	0.000	0.000	0.167
100-299	172	0.000	0.444	0	0.000	0.000	0.111
100-299	173	0.000	0.000	0	0 000	0.000	0.000
100-299	174	0.000	0.293	0	0.024	0.000	0.122
100-299	175	0.000	0.250	0	0.000	0.000	0 000
100-299	176	0.000	0.000	0	0.000	0.000	0.000
100-299	177	0.000	0.000	0	0.000	0.000	0.000
100-299	178	0.000	0.000	0	0.000	0.000	0 000
100-299	179	0.000	0.500	0	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	180	0.870	29.9	0.217	0.217	0.000	0.261
100-299	181	0.400	6.5	0.200	0.000	0.200	0.200
100-299	182	0.714	91.0	0.171	0.029	0.143	0.171
100-299	183	0.750	15 6	0.083	0.000	0.083	0.500
100-299	184	1.000	1.3	0.000	0.000	0.000	0.000
100-299	187	0.000	1 3	0.000	0.000	0.000	0.000
100-299	188	0.818	14.3	0.364	0.182	0.182	0.091
100-299	189	2.000	2 6	1.000	0.000	1.000	0.500
100-299	193	0.333	3 9	0.333	0.333	0.000	0.000
100-299	194	1.000	1.3	0.000	0.000	0.000	0.000
100-299	195	0 200	6.5	0.200	0.200	0.000	0 000
100-299	197	0.294	22.1	0.176	0.118	0.059	0 000
100-299	198	0.375	10.4	0.000	0.000	0.000	0.000
100-299	199	1.500	2.6	0.500	0.500	0.000	0.000
100-299	202	0.750	5.2	0.500	0.500	0.000	0.000
100-299	203	0.000	6.5	0.000	0.000	0.000	0.000
100-299	204	0.250	10.4	0.000	0.000	0.000	0.000
100-299	205	0 875	10.4	0.250	0.000	0.250	0.250
100-299	207	1.000	11.7	0.333	0.222	0.111	0 111
100-299	208	3.000	1.3	1.000	1.000	0.000	0.000
100-299	209	0.714	36.4	0.000	0.000	0.000	0.000
100-299	210	0.568	48.1	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	180	0.000	0.174	0	0.043	0.000	0.174
100-299	181	0.000	0.000	0	0.000	0.000	0.000
100-299	182	0.014	0 300	0	0.000	0.000	0.057
100-299	183	0.000	0.167	0	0.000	0.000	0.000
100-299	184	0.000	1.000	0	0.000	0.000	0.000
100-299	187	0.000	0.000	0	0.000	0.000	0.000
100-299	188	0.000	0.364	0	0.000	0.000	0.000
100-299	189	0.000	0.000	0	0.000	0.000	0.500
100-299	193	0.000	0.000	0	0.000	0.000	0.000
100-299	194	0.000	1 000	0	0.000	0.000	0.000
100-299	195	0.000	0.000	0	0.000	0.000	0.000
100-299	197	0 059	0.059	0	0.000	0.000	0.000
100-299	198	0.125	0.250	0	0.000	0.000	0.000
100-299	199	0.000	1.000	0	0.000	0.000	0.000
100-299	202	0.000	0.250	0	0.000	0.000	0.000
100-299	203	0.000	0.000	0	0.000	0.000	0.000
100-299	204	0.000	0.125	0	0.000	0.000	0.125
100-299	205	0 000	0.375	0	0.000	0.000	0.000
100-299	207	0.000	0.444	0	0.000	0.000	0 111
100-299	208	0.000	1.000	0	0.000	0.000	1 000
100-299	209	0.071	0.607	0	0.000	0.000	0.036
100-299	210	0.027	0 486	0	0.000	0.054	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	213	0.000	1.3	0.000	0.000	0.000	0 000
100-299	214	1 125	10.4	0.250	0.000	0.250	0.000
100-299	215	1.000	1.3	1.000	0.000	1.000	0.000
100-299	217	0.000	2.6	0.000	0.000	0.000	0.000
100-299	218	0.750	10.4	0.000	0.000	0.000	0.000
100-299	219	0.667	3.9	0.333	0.333	0.000	0.000
100-299	221	0.000	3.9	0.000	0.000	0.000	0.000
100-299	222	0.000	1 3	0.000	0.000	0.000	0.000
100-299	223	0.500	2.6	0.000	0.000	0.000	0.000
100-299	224	1.000	1.3	0.000	0.000	0.000	0.000
100-299	225	0.800	6.5	0.000	0.000	0.000	0.000
100-299	226	1.000	1.3	1.000	1.000	0.000	0.000
100-299	230	0.500	2.6	0.000	0.000	0.000	0.500
100-299	231	1.250	5.2	0.250	0.250	0.000	0.500
100-299	233	1.000	1.3	0.000	0.000	0.000	1.000
100-299	235	0.000	1.3	0.000	0.000	0.000	0.000
100-299	236	0.727	14.3	0.091	0.091	0.000	0.000
100-299	237	0.500	2.6	0.000	0.000	0.000	0.000
100-299	239	0.857	27.3	0.333	0.238	0.095	0.238
100-299	240	1.500	2.6	0.500	0.500	0.000	1.000
100-299	241	2.000	1.3	1.000	0.000	1.000	1.000
100-299	242	2.000	1.3	1.000	1.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	213	0.000	0.000	0	0.000	0	0.000
100-299	214	0.125	0.750	0	0.000	0	0 000
100-299	215	0.000	0.000	0	0.000	0	0.000
100-299	217	0.000	0.000	0	0.000	0	0.000
100-299	218	0.000	0.750	0	0.000	0	0 000
100-299	219	0.000	0 333	0	0.000	0	0.000
100-299	221	0.000	0 000	0	0.000	0	0.000
100-299	222	0.000	0.000	0	0.000	0	0.000
100-299	223	0.000	0.500	0	0.000	0	0.000
100-299	224	0.000	1.000	0	0.000	0	0.000
100-299	225	0.000	0.800	0	0.000	0	0.000
100-299	226	0.000	0.000	0	0 000	0	0 000
100-299	230	0.000	0.000	0	0.000	0	0 000
100-299	231	0.000	0.500	0	0.000	0	0.000
100-299	233	0.000	0 000	0	0.000	0	0.000
100-299	235	0.000	0.000	0	0 000	0	0.000
100-299	236	0 000	0.455	0	0 091	0	0 091
100-299	237	0 000	0 500	0	0 000	0	0.000
100-299	239	0.048	0.190	0	0 000	0	0.048
100-299	240	0 000	0 000	0	0 000	0	0.000
100-299	241	0.000	0 000	0	0 000	0	0 000
100-299	242	0.000	1 000	0	0.000	0	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	243	1.000	39.0	0.133	0.033	0.100	0.200
100-299	244	1.286	9.1	0.286	0.143	0.143	0.714
100-299	246	1.500	2.6	0.500	0.000	0.500	0.500
100-299	247	1.000	3.9	0.000	0.000	0.000	0.667
100-299	248	1.250	5.2	0.250	0.000	0.250	0.500
100-299	250	0.333	3.9	0.000	0.000	0.000	0.000
100-299	251	1.000	1.3	0.000	0.000	0.000	0.000
100-299	253	1.000	7.8	0.167	0.000	0.167	0.000
100-299	254	0.500	2.6	0.000	0.000	0.000	0.000
100-299	256	0.667	3.9	0.000	0.000	0.000	0.667
100-299	257	0.200	13.0	0.000	0.000	0.000	0.000
100-299	259	0.000	1.3	0.000	0.000	0.000	0.000
100-299	261	0.000	1.3	0.000	0.000	0.000	0.000
100-299	262	0.500	5.2	0.250	0.000	0.250	0.250
100-299	263	1.000	1.3	0.000	0.000	0.000	0.000
100-299	264	1.000	1.3	1.000	0.000	1.000	0.000
100-299	266	0.500	2.6	0.000	0.000	0.000	0.500
100-299	268	1.000	1.3	0.000	0.000	0.000	1 000
100-299	269	0.667	3.9	0.333	0.000	0.333	0 000
100-299	270	1.000	1.3	0.000	0.000	0.000	1 000
100-299	271	1.429	9.1	0.714	0.571	0.143	0.286
100-299	272	0.250	5.2	0.250	0.250	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	243	0.000	0.567	0	0.033	0.000	0 067
100-299	244	0.000	0.286	0	0.000	0.000	0.000
100-299	246	0.000	0.500	0	0.000	0.000	0.000
100-299	247	0.000	0.000	0	0.000	0.000	0.333
100-299	248	0.000	0.500	0	0.000	0.000	0.000
100-299	250	0.000	0.333	0	0.000	0.000	0.000
100-299	251	0.000	1.000	0	0.000	0.000	0.000
100-299	253	0.000	0.333	0	0.167	0.000	0.333
100-299	254	0.000	0.500	0	0.000	0.000	0.000
100-299	256	0.000	0.000	0	0.000	0.000	0.000
100-299	257	0.100	0.100	0	0.000	0.000	0.000
100-299	259	0.000	0.000	0	0.000	0.000	0.000
100-299	261	0.000	0.000	0	0.000	0.000	0.000
100-299	262	0.000	0.000	0	0.000	0.000	0.000
100-299	263	0.000	1.000	0	0.000	0.000	0.000
100-299	264	0.000	0.000	0	0.000	0.000	0.000
100-299	266	0.000	0.000	0	0.000	0.000	0.000
100-299	268	0.000	0.000	0	0.000	0.000	0.000
100-299	269	0.000	0.333	0	0 000	0.000	0.000
100-299	270	0.000	0.000	0	0.000	0.000	0.000
100-299	271	0.000	0.429	0	0.000	0.000	0.000
100-299	272	0.000	0.000	0	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	277	0.615	16.9	0.231	0.154	0.077	0.000
100-299	280	1.143	9.1	0.286	0.000	0.286	0.143
100-299	281	0.200	6.5	0.000	0.000	0.000	0.000
100-299	283	0.500	2.6	0.000	0.000	0.000	0.000
100-299	285	0.750	5.2	0.000	0.000	0.000	0.000
100-299	286	0.000	1.3	0.000	0.000	0.000	0.000
100-299	287	1.000	2.6	0.500	0.500	0.000	0.000
100-299	289	2.000	1.3	1.000	0.000	1.000	0.000
100-299	290	0.667	7.8	0.000	0.000	0.000	0.000
100-299	294	0.767	55.9	0.209	0.116	0.093	0.163
100-299	295	0.500	2.6	0.000	0.000	0.000	0.000
100-299	296	0.643	72.8	0.161	0.125	0.036	0 071
100-299	297	1.000	5.2	0.500	0.250	0.250	0 000
100-299	300	0.667	3.9	0.333	0.333	0.000	0.333
100-299	303	0.500	2.6	0.000	0.000	0.000	0.000
100-299	304	0.600	6.5	0.200	0.200	0.000	0.200
100-299	306	0.400	6.5	0.200	0.200	0.000	0.200
100-299	307	0.000	1.3	0.000	0.000	0.000	0.000
100-299	308	0.250	5.2	0.000	0.000	0.000	0.000
100-299	309	0.000	1.3	0.000	0.000	0.000	0.000
100-299	310	0.333	15.6	0.083	0.000	0.083	0.083
100-299	312	0.000	2.6	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	277	0.000	0.231	0	0.077	0.000	0.077
100-299	280	0.000	0.571	0	0.000	0.000	0.143
100-299	281	0.000	0.200	0	0.000	0.000	0.000
100-299	283	0.000	0.500	0	0.000	0.000	0.000
100-299	285	0.000	0.500	0	0.000	0.000	0.250
100-299	286	0.000	0.000	0	0.000	0.000	0.000
100-299	287	0.000	0.500	0	0.000	0.000	0.000
100-299	289	0.000	1.000	0	0.000	0.000	0.000
100-299	290	0.000	0.667	0	0.000	0.000	0.000
100-299	294	0.000	0.349	0	0.000	0.000	0.047
100-299	295	0.000	0.500	0	0.000	0.000	0.000
100-299	296	0.000	0.321	0	0.000	0.018	0.071
100-299	297	0.000	0.000	0	0.250	0.000	0.250
100-299	300	0.000	0.000	0	0.000	0.000	0.000
100-299	303	0.000	0.500	0	0.000	0.000	0.000
100-299	304	0.000	0.200	0	0.000	0.000	0.000
100-299	306	0.000	0.000	0	0.000	0.000	0.000
100-299	307	0.000	0.000	0	0.000	0.000	0.000
100-299	308	0.000	0.250	0	0.000	0.000	0.000
100-299	309	0.000	0.000	0	0.000	0.000	0.000
100-299	310	0.083	0.083	0	0.000	0.000	0 000
100-299	312	0.000	0.000	0	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	313	1.000	1.3	0.000	0.000	0.000	1.000
100-299	315	0.400	6.5	0.200	0.200	0.000	0.000
100-299	316	0.583	15.6	0.250	0.167	0.083	0.000
100-299	318	1.167	7.8	0.667	0.500	0.167	0 167
100-299	320	0.639	46.8	0.194	0.111	0.083	0.111
100-299	321	0.667	3.9	0.000	0.000	0.000	0.667
100-299	323	1.000	6.5	0.200	0.000	0.200	0.400
100-299	324	0.167	7.8	0.000	0.000	0.000	0.167
100-299	325	0.333	7.8	0.000	0.000	0 000	0.000
100-299	326	1.000	1.3	0.000	0.000	0.000	1.000
100-299	328	1.000	2.6	0.500	0.000	0.500	0.000
100-299	331	1.000	7.8	0.333	0.167	0.167	0.167
100-299	334	0.667	3.9	0.333	0.333	0.000	0.000
100-299	336	0.538	50.7	0.026	0.000	0.026	0.026
100-299	337	0.429	9.1	0.286	0.000	0.286	0.000
100-299	338	0.333	3.9	0.000	0.000	0.000	0.000
100-299	339	0.333	3.9	0.000	0.000	0.000	0.333
100-299	341	1.000	1.3	0.000	0.000	0.000	0.000
100-299	346	1.000	1.3	1.000	1.000	0.000	0.000
100-299	348	0.750	5.2	0.000	0.000	0.000	0.750
100-299	349	1.000	3.9	0.667	0.000	0.667	0.333
100-299	350	1.000	3.9	0.333	0.333	0.000	0.333

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	313	0.000	0.000	0	0.000	0	0.000
100-299	315	0.000	0.200	0	0.000	0	0.000
100-299	316	0.083	0.167	0	0.000	0	0.083
100-299	318	0.000	0.333	0	0.000	0	0.000
100-299	320	0.000	0.250	0	0.028	0	0.056
100-299	321	0.000	0.000	0	0.000	0	0.000
100-299	323	0.000	0.200	0	0.000	0	0.200
100-299	324	0.000	0.000	0	0.000	0	0.000
100-299	325	0.000	0.333	0	0.000	0	0.000
100-299	326	0.000	0.000	0	0.000	0	0.000
100-299	328	0.000	0.000	0	0.000	0	0.500
100-299	331	0.000	0.500	0	0.000	0	0.000
100-299	334	0.000	0.333	0	0.000	0	0.000
100-299	336	0.154	0.308	0	0.000	0	0.026
100-299	337	0.000	0.143	0	0.000	0	0.000
100-299	338	0.000	0.333	0	0.000	0	0.000
100-299	339	0.000	0 000	0	0.000	0	0.000
100-299	341	0.000	1.000	0	0.000	0	0.000
100-299	346	0.000	0.000	0	0.000	0	0.000
100-299	348	0.000	0.000	0	0.000	0	0.000
100-299	349	0.000	0.000	0	0.000	0	0.000
100-299	350	0.333	0.000	0	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	354	0.833	7.8	0.167	0.167	0.000	0.000
100-299	355	0.500	2.6	0.000	0.000	0.000	0.000
100-299	356	0.429	9.1	0.000	0.000	0.000	0.000
100-299	357	0.000	1.3	0.000	0.000	0.000	0.000
100-299	358	0.500	2.6	0.000	0.000	0.000	0.000
100-299	360	0.000	2.6	0.000	0.000	0.000	0.000
100-299	363	0.000	2.6	0.000	0.000	0.000	0.000
100-299	364	0.000	1.3	0.000	0.000	0.000	0 000
100-299	368	3.000	1.3	1.000	1.000	0.000	1.000
100-299	369	1.500	2.6	0.500	0.000	0.500	0.000
100-299	389	2.000	1.3	1.000	0.000	1.000	1.000
100-299	392	1.000	3.9	0.333	0.000	0.333	0.000
100-299	395	0.621	37.7	0.172	0.034	0.138	0.172
100-299	397	0.000	3.9	0.000	0.000	0.000	0.000
100-299	398	0.000	5.2	0.000	0.000	0.000	0.000
100-299	401	2.000	1.3	0.000	0.000	0.000	1.000
100-299	403	1.000	13.0	0.200	0.200	0.000	0.200
100-299	404	0.667	3.9	0.667	0.667	0.000	0.000
100-299	406	2.000	1.3	1.000	1.000	0.000	0.000
100-299	409	1.000	1.3	0.000	0.000	0.000	1.000
100-299	410	0.250	26.0	0.000	0.000	0.000	0.200
100-299	412	1.000	1.3	1.000	0.000	1.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	354	0.167	0.500	0	0.000	0	0.000
100-299	355	0.000	0.500	0	0.000	0	0.000
100-299	356	0.000	0.429	0	0.000	0	0.000
100-299	357	0.000	0.000	0	0.000	0	0.000
100-299	358	0.000	0.500	0	0.000	0	0.000
100-299	360	0.000	0.000	0	0.000	0	0.000
100-299	363	0.000	0.000	0	0.000	0	0.000
100-299	364	0.000	0.000	0	0.000	0	0.000
100-299	368	0.000	0.000	0	0.000	0	1.000
100-299	369	0.000	1.000	0	0.000	0	0.000
100-299	389	0.000	0.000	0	0.000	0	0.000
100-299	392	0.000	0.667	0	0.000	0	0.000
100-299	395	0.000	0.241	0	0.000	0	0.034
100-299	397	0.000	0.000	0	0.000	0	0.000
100-299	398	0.000	0.000	0	0.000	0	0.000
100-299	401	0.000	0.000	1	0.000	0	0.000
100-299	403	0.100	0.200	0	0.000	0	0.300
100-299	404	0.000	0.000	0	0.000	0	0.000
100-299	406	1.000	0.000	0	0.000	0	0.000
100-299	409	0.000	0.000	0	0.000	0	0.000
100-299	410	0.050	0.000	0	0.000	0	0 000
100-299	412	0.000	0.000	0	0.000	0	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE GLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	413	1.000	6.5	0.800	0.600	0.200	0.000
100-299	414	1.000	1.3	0.000	0.000	0.000	0.000
100-299	415	0.750	5.2	0.500	0.500	0.000	0.000
100-299	416	0.933	19.5	0.333	0.267	0.067	0.000
100-299	419	0.750	5.2	0.250	0.000	0.250	0.000
100-299	420	1.000	1.3	0.000	0.000	0.000	1.000
100-299	421	2.000	1.3	1.000	0.000	1.000	0.000
100-299	423	2.000	3.9	1.000	1.000	0.000	0.333
100-299	424	1.000	2.6	0.500	0.500	0.000	0.000
100-299	425	1.500	2.6	0.500	0.500	0.000	0.500
100-299	426	0.727	14.3	0.545	0.273	0.273	0.091
100-299	428	0.000	1.3	0.000	0.000	0.000	0.000
100-299	429	0.857	9.1	0.286	0.286	0.000	0.143
100-299	430	0.250	20.8	0.063	0.063	0.000	0.063
100-299	436	1.000	2.6	0.000	0.000	0.000	0.000
100-299	437	2.000	1.3	1.000	0.000	1.000	0.000
100-299	438	0.667	3.9	0.000	0.000	0.000	0.000
100-299	440	1.000	1.3	0.000	0.000	0.000	0.000
100-299	442	0.500	2.6	0.000	0.000	0.000	0.000
100-299	443	3.000	1.3	1.000	0.000	1.000	0.000
100-299	444	1.000	2.6	0.500	0.500	0.000	0.500
100-299	449	0.923	16.9	0.538	0.154	0.385	0.077

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	413	0.000	0.200	0	0.000	0.000	0.000
100-299	414	0.000	1.000	0	0.000	0.000	0.000
100-299	415	0.000	0.250	0	0.000	0.000	0.000
100-299	416	0.000	0.333	0	0.067	0.000	0.200
100-299	419	0.000	0.500	0	0.000	0.000	0.000
100-299	420	0.000	0.000	0	0.000	0.000	0.000
100-299	421	0.000	1.000	0	0.000	0.000	0.000
100-299	423	0.000	0.667	0	0.000	0.000	0.000
100-299	424	0.000	0.500	0	0.000	0.000	0.000
100-299	425	0.000	0.000	0	0.000	0.000	0.500
100-299	426	0.000	0.091	0	0.000	0.000	0.000
100-299	428	0.000	0.000	0	0.000	0.000	0.000
100-299	429	0.000	0.429	0	0.000	0.000	0.000
100-299	430	0.000	0.125	0	0.000	0.000	0.000
100-299	436	0.000	1.000	0	0.000	0.000	0.000
100-299	437	0.000	1.000	0	0.000	0.000	0.000
100-299	438	0.000	0.667	0	0.000	0.000	0.000
100-299	440	0.000	1.000	0	0.000	0.000	0.000
100-299	442	0.000	0.500	0	0.000	0.000	0.000
100-299	443	1.000	0.000	0	0.000	0.000	1.000
100-299	444	0.000	0.000	0	0.000	0.000	0.000
100-299	449	0.000	0.231	0	0.000	0.000	0 077

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE GLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
100-299	450	1.500	2.6	0.500	0.000	0.500	0.000
100-299	452	0.333	7.8	0.000	0.000	0.000	0.000
100-299	453	0.000	1.3	0.000	0.000	0.000	0.000
100-299	460	0.500	2.6	0.000	0.000	0.000	0.500
100-299	461	0.667	3.9	0.333	0.333	0.000	0.000
100-299	463	1.000	3.9	0.333	0.333	0.000	0.000
100-299	464	2.000	1.3	1.000	0.000	1.000	1.000
100-299	467	2.000	1.3	1.000	1.000	0.000	1.000
100-299	468	0.724	37.7	0.172	0.138	0.034	0.034
300+	1	0.400	7.6	0.000	0.000	0.000	0 000
300+	2	0.600	7.6	0.000	0.000	0.000	0.000
300+	4	1.000	3.1	0.500	0.500	0.000	0.000
300+	5	0.417	18.4	0.000	0.000	0.000	0.000
300+	7	0.500	6.1	0.000	0.000	0.000	0.250
300+	9	1.000	1.5	0.000	0.000	0.000	0.000
300+	10	0.750	6.1	0.500	0.250	0.250	0.250
300+	11	1.000	1.5	0.000	0.000	0.000	0.000
300+	12	1.000	7.6	0.200	0.200	0.000	0.400
300+	13	1.000	6.1	0.250	0.000	0.250	0.000
300+	14	0.514	110.1	0.125	0.125	0.000	0.028
300+	15	0.585	81.0	0.113	0.057	0.057	0.057
300+	17	1.000	6.1	0.750	0.500	0.250	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
100-299	450	0.000	1.000	0	0.000	0.000	0.000
100-299	452	0.000	0.167	0	0.000	0.000	0.167
100-299	453	0.000	0.000	0	0.000	0.000	0.000
100-299	460	0.000	0.000	0	0.000	0.000	0.000
100-299	461	0.000	0.333	0	0.000	0.000	0.000
100-299	463	0.000	0.667	0	0.000	0.000	0.000
100-299	464	0.000	0.000	0	0.000	0.000	0.000
100-299	467	0.000	0.000	0	0.000	0.000	0.000
100-299	468	0.034	0.345	0	0.034	0.034	0.069
300+	1	0.000	0.400	0	0.000	0.000	0.000
300+	2	0.000	0.400	0	0.000	0.000	0.200
300+	4	0.000	0.500	0	0.000	0.000	0.000
300+	5	0.083	0.333	0	0.000	0.000	0.000
300+	7	0.000	0.250	0	0.000	0.000	0.000
300+	9	0.000	1.000	0	0.000	0.000	0.000
300+	10	0.000	0.000	0	0.000	0.000	0.000
300+	11	0.000	0.000	0	1.000	0.000	0.000
300+	12	0.000	0.400	0	0.000	0.000	0.000
300+	13	0.250	0.250	0	0.000	0.000	0.250
300+	14	0.000	0 292	0	0.000	0.000	0.069
300+	15	0.000	0.340	0	0 000	0.000	0.075
300+	17	0.000	0.250	0	0.000	0.000	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE GLASS
GASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	GASES (1000S)	DRG GHANGES	CHANGES TO LOWER WEIGHT	GHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	18	0.333	4.6	0.000	0.000	0.000	0.000
300+	19	0.667	4 6	0.000	0.000	0.000	0.333
300+	22	0.000	3.1	0.000	0.000	0.000	0.000
300+	24	0.700	15.3	0.400	0.200	0.200	0.100
300+	25	1.000	10.7	0.143	0.000	0.143	0.286
300+	27	0.000	3.1	0.000	0.000	0.000	0.000
300+	28	0.000	3.1	0.000	0.000	0.000	0.000
300+	31	1.000	3.1	0.500	0.000	0.500	0.000
300+	34	1.000	3.1	0.500	0.500	0.000	0.000
300+	35	2.000	1.5	1.000	1.000	0.000	0.000
300+	36	0.250	6.1	0.000	0.000	0.000	0.000
300+	38	1.000	1.5	1.000	0.000	1.000	0.000
300+	39	0.844	68.8	0.022	0.000	0.022	0.800
300+	40	0.500	3.1	0.000	0.000	0.000	0.500
300+	42	0.000	1.5	0.000	0.000	0.000	0.000
300+	44	0.500	3.1	0.000	0.000	0.000	0.500
300+	45	0.333	4.6	0.000	0.000	0.000	0.000
300+	46	1.000	1.5	0.000	0.000	0.000	1.000
300+	47	1.000	3.1	0.000	0.000	0.000	1.000
300+	49	0.500	3.1	0.000	0.000	0.000	0 000
300+	50	1.000	1.5	0.000	0.000	0.000	0.000
300+	53	0.500	6.1	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	18	0.333	0.000	0.000	0.000	0	0.000
300+	19	0.000	0.333	0.000	0.000	0	0.000
300+	22	0.000	0.000	0.000	0.000	0	0.000
300+	24	0.100	0.100	0.000	0.000	0	0.000
300+	25	0.143	0.286	0.000	0.000	0	0.143
300+	27	0.000	0.000	0.000	0.000	0	0.000
300+	28	0.000	0.000	0.000	0.000	0	0.000
300+	31	0.000	0.500	0.000	0.000	0	0.000
300+	34	0.500	0.000	0.000	0.000	0	0.000
300+	35	0.000	1.000	0.000	0.000	0	0.000
300+	36	0.000	0.250	0.000	0.000	0	0.000
300+	38	0.000	0.000	0.000	0.000	0	0.000
300+	39	0.000	0.000	0.000	0.000	0	0.022
300+	40	0.000	0.000	0.000	0.000	0	0.000
300+	42	0.000	0.000	0.000	0.000	0	0.000
300+	44	0.000	0.000	0.000	0 000	0	0.000
300+	45	0.000	0.333	0.000	0.000	0	0.000
300+	46	0.000	0.000	0.000	0.000	0	0.000
300+	47	0.000	0.000	0.000	0.000	0	0.000
300+	49	0.500	0.000	0.000	0.000	0	0.000
300+	50	0.000	1.000	0.000	0 000	0	0.000
300+	53	0.000	0.500	0.000	0.000	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE GLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRG	EVENTS	GASES (1000S)	DRG GHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	55	0.200	7.6	0.000	0.000	0.000	0.200
300+	56	1.000	1 5	0.000	0.000	0.000	0.000
300+	63	0.000	1.5	0.000	0.000	0.000	0.000
300+	64	0.667	4 6	0.333	0.000	0.333	0.333
300+	65	1.333	4.6	0.667	0.000	0 667	0.000
300+	66	0.800	7.6	0.000	0.000	0.000	0.200
300+	68	1.000	9 2	0.333	0.333	0.000	0.333
300+	72	1.000	3 1	0.500	0.000	0.500	0.000
300+	73	1.000	4.6	0.333	0.000	0 333	0 333
300+	75	0.333	18.4	0.083	0.083	0.000	0.000
300+	76	0.500	3.1	0.000	0.000	0.000	0.000
300+	77	1.000	1.5	1.000	0.000	1.000	0.000
300+	78	0.429	10.7	0.286	0.286	0.000	0.000
300+	79	0.421	29.1	0.053	0.053	0.000	0.158
300+	80	0.500	3.1	0.000	0.000	0.000	0.000
300+	82	0.625	48.9	0.156	0.125	0.031	0.188
300+	83	0.000	1.5	0.000	0.000	0.000	0.000
300+	84	3.000	1.5	1.000	0.000	1.000	0.000
300+	85	0.000	1.5	0.000	0.000	0.000	0.000
300+	87	0.833	36.7	0.542	0.500	0.042	0.000
300+	88	0.738	64.2	0.452	0.357	0.095	0.071
300+	89	0.615	119.3	0.141	0.115	0.026	0.038

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOGS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROGEDURES	QUALITY PROBLEMS
300+	55	0.000	0.000	0.000	0.000	0	0.000
300+	56	0.000	1.000	0.000	0.000	0	0.000
300+	63	0.000	0.000	0.000	0.000	0	0.000
300+	64	0.000	0.000	0.000	0.000	0	0.000
300+	65	0.000	0.667	0.000	0.000	0	0.000
300+	66	0.000	0.600	0.000	0.000	0	0.000
300+	68	0.000	0.167	0.000	0.000	0	0.167
300+	72	0 000	0 500	0.000	0.000	0	0 000
300+	73	0.000	0 333	0.000	0.000	0	0 000
300+	75	0.000	0.250	0.000	0.000	0	0.000
300+	76	0.000	0 500	0.000	0.000	0	0.000
300+	77	0.000	0.000	0.000	0.000	0	0.000
300+	78	0.000	0.143	0.000	0.000	0	0.000
300+	79	0.000	0.158	0.000	0.000	0	0.053
300+	80	0.000	0.500	0 000	0.000	0	0 000
300+	82	0 094	0.125	0.000	0 031	0	0 031
300+	83	0 000	0 000	0.000	0 000	0	0 000
300+	84	0 000	1.000	1 000	0.000	0	0 000
300+	85	0.000	0.000	0.000	0 000	0	0.000
300+	87	0.000	0 250	0 000	0 000	0	0.042
300+	88	0.000	0.190	0.000	0.000	0	0.024
300+	89	0 000	0.321	0 013	0.013	0	0 090

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUOY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	90	0.538	19.9	0.231	0.077	0.154	0.077
300+	91	1.000	1.5	1.000	0.000	1.000	0.000
300+	92	0.667	4.6	0.333	0.333	0.000	0.000
300+	94	1.000	1.5	1.000	1.000	0.000	0.000
300+	96	0.455	67.3	0.068	0.000	0.068	0.114
300+	97	0.700	15.3	0.300	0.200	0.100	0.200
300+	99	0.818	16.8	0.545	0.182	0.364	0.000
300+	100	0.000	3.1	0.000	0.000	0.000	0.000
300+	101	1.000	12.2	0.375	0.375	0.000	0.125
300+	102	1.000	1.5	0.000	0.000	0.000	1.000
300+	104	0.000	3.1	0.000	0.000	0.000	0.000
300+	105	0.333	9.2	0.000	0.000	0.000	0.000
300+	106	0.333	13.8	0.000	0.000	0.000	0.000
300+	107	0.111	13.8	0.000	0.000	0.000	0.000
300+	108	0.000	7.6	0.000	0.000	0.000	0.000
300+	109	0.600	7.6	0.400	0.200	0.200	0.000
300+	110	0.583	36.7	0.000	0.000	0.000	0.042
300+	111	0.333	4.6	0.000	0.000	0.000	0.000
300+	112	0.833	9.2	0.500	0.167	0.333	0.000
300+	113	0.600	7.6	0.200	0.200	0.000	0.000
300+	115	0.000	1.5	0.000	0.000	0.000	0.000
300+	116	0.333	9.2	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	90	0.000	0.231	0.000	0.000	0.000	0.000
300+	91	0.000	0.000	0.000	0.000	0.000	0.000
300+	92	0.000	0.333	0.000	0.000	0.000	0.000
300+	94	0.000	0.000	0.000	0.000	0.000	0.000
300+	96	0.000	0.227	0.023	0.000	0.000	0.023
300+	97	0.000	0.200	0.000	0.000	0.000	0.000
300+	99	0.000	0.273	0.000	0.000	0.000	0.000
300+	100	0.000	0.000	0.000	0.000	0.000	0.000
300+	101	0.250	0.250	0.000	0.000	0.000	0.000
300+	102	0.000	0.000	0.000	0.000	0.000	0.000
300+	104	0.000	0.000	0.000	0.000	0.000	0.000
300+	105	0.167	0.167	0.000	0.000	0.000	0.000
300+	106	0.000	0.333	0.000	0.000	0.000	0.000
300+	107	0.111	0.000	0.000	0.000	0.000	0.000
300+	108	0.000	0.000	0.000	0.000	0.000	0.000
300+	109	0.000	0.200	0.000	0.000	0.000	0.000
300+	110	0.083	0.375	0.000	0.000	0.000	0.083
300+	111	0.000	0.333	0.000	0.000	0.000	0.000
300+	112	0.000	0.333	0.000	0.000	0.000	0.000
300+	113	0.200	0.200	0.000	0.000	0.000	0.000
300+	115	0.000	0.000	0.000	0.000	0.000	0 000
300+	116	0.000	0.333	0.000	0.000	0.000	0.000

THE HEALTH DATA INST1TUTE
NATIONAL DRG VALIDATION STUOY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	F1 DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	117	0.667	4.6	0.000	0.000	0.000	0.000
300+	118	0.250	6.1	0.000	0.000	0.000	0.000
300+	121	0.304	35.2	0.174	0.130	0.043	0.000
300+	122	0.333	50.5	0.212	0.061	0.152	0.000
300+	123	0.059	26.0	0.059	0.059	0.000	0.000
300+	124	0.357	21.4	0.214	0.214	0.000	0.000
300+	125	0.120	38.2	0.000	0.000	0.000	0.000
300+	127	0.576	180.4	0.127	0.085	0.042	0.034
300+	128	0.455	16.8	0.182	0.000	0.182	0.182
300+	129	0.000	4.6	0.000	0.000	0.000	0.000
300+	130	0.529	26.0	0.176	0.118	0.059	0.059
300+	131	0.500	9.2	0.333	0.167	0.167	0.000
300+	132	1.000	15.3	0.800	0.700	0.100	0.000
300+	134	0.857	10.7	0.143	0.000	0.143	0.000
300+	135	1.000	9.2	0.333	0.167	0.167	0.167
300+	136	1.000	1.5	1.000	0.000	1.000	0.000
300+	138	0.522	70.3	0.130	0.087	0.043	0.065
300+	139	0.500	9.2	0.167	0.000	0.167	0.167
300+	140	0.577	108.6	0.141	0.056	0.085	0.014
300+	141	0.522	35.2	0.043	0.000	0.043	0.043
300+	142	0.500	6.1	0.000	0.000	0.000	0.000
300+	143	0.611	27.5	0.222	0.000	0.222	0.056

HOSPITAL SIZE CLASS	F1 DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	117	0.000	0.667	0.000	0.000	0.000	0.000
300+	118	0.250	0.000	0.000	0.000	0.000	0.000
300+	121	0.000	0.087	0.043	0.000	0.000	0.000
300+	122	0.000	0.091	0.000	0.000	0.000	0.030
300+	123	0.000	0.000	0.000	0.000	0.000	0.000
300+	124	0.000	0.143	0.000	0.000	0.000	0.000
300+	125	0.040	0.080	0.000	0.000	0.000	0.000
300+	127	0.000	0.381	0.000	0.000	0.000	0.034
300+	128	0.000	0.091	0.000	0.000	0.000	0.000
300+	129	0.000	0.000	0.000	0.000	0.000	0.000
300+	130	0.000	0.294	0.000	0.000	0.000	0.000
300+	131	0.000	0.167	0.000	0.000	0.000	0.000
300+	132	0.000	0.200	0.000	0.000	0.000	0.000
300+	134	0.000	0.571	0.000	0.000	0.000	0.143
300+	135	0.000	0.500	0.000	0.000	0.000	0.000
300+	136	0.000	0.000	0.000	0.000	0.000	0 000
300+	138	0.000	0.239	0.000	0.022	0.022	0 043
300+	139	0.000	0.167	0.000	0.000	0.000	0.000
300+	140	0.000	0.394	0.000	0.000	0.000	0.028
300+	141	0.000	0.435	0.000	0.000	0.000	0.000
300+	142	0.000	0.500	0.000	0.000	0.000	0.000
300+	143	0.000	0.222	0.000	0.056	0.000	0.056

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	144	1.000	22.9	0.333	0.333	0.000	0.000
300+	145	0.500	3.1	0.000	0.000	0.000	0.000
300+	146	0.600	7.6	0.000	0.000	0.000	0.000
300+	148	0.500	36.7	0.042	0.000	0.042	0.000
300+	149	1.333	4.6	0.333	0.000	0.333	0.000
300+	150	1.000	4.6	0 667	0.333	0.333	0.000
300+	151	0.000	1.5	0.000	0.000	0.000	0.000
300+	152	1.000	3.1	0.000	0.000	0.000	0.500
300+	153	0.500	3.1	0.000	0.000	0.000	0.000
300+	154	0.474	29.1	0.053	0.053	0.000	0.000
300+	155	2.000	1.5	1.000	1.000	0.000	1.000
300+	157	0.500	15.3	0.200	0.000	0.200	0.200
300+	158	1.000	4.6	0.667	0.000	0.667	0.333
300+	159	1.000	4 6	0.333	0.333	0.000	0.000
300+	160	0.250	6.1	0.000	0.000	0.000	0.000
300+	161	0.500	33.6	0.045	0.000	0.045	0 000
300+	162	0.400	7.6	0.000	0.000	0.000	0.000
300+	166	1.667	4.6	0.000	0.000	0.000	0 000
300+	168	0.000	4.6	0.000	0.000	0.000	0.000
300+	170	0.333	4.6	0.333	0.333	0.000	0.000
300+	172	0.647	26.0	0.353	0.294	0.059	0.059
300+	173	0.000	1.5	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	144	0.000	0.400	0	0.067	0.000	0.200
300+	145	0.000	0.000	0	0.000	0.000	0.500
300+	146	0.000	0.400	0	0.000	0.000	0.200
300+	148	0 125	0.292	0	0.000	0.000	0.042
300+	149	0.667	0 333	0	0.000	0.000	0.000
300+	150	0.000	0.333	0	0.000	0.000	0.000
300+	151	0.000	0.000	0	0.000	0.000	0.000
300+	152	0.000	0.500	0	0.000	0.000	0.000
300+	153	0.000	0.500	0	0.000	0.000	0.000
300+	154	0.000	0.368	0	0.000	0.000	0.053
300+	155	0.000	0.000	0	0.000	0.000	0.000
300+	157	0.100	0.000	0	0.000	0.000	0.000
300+	158	0.000	0.000	0	0.000	0.000	0.000
300+	159	0.333	0.333	0	0.000	0.000	0 000
300+	160	0 000	0.250	0	0.000	0.000	0.000
300+	161	0.136	0.273	0	0.045	0.000	0 000
300+	162	0.000	0 400	0	0.000	0.000	0.000
300+	166	0.000	0 667	0	0.000	0.333	0.667
300+	168	0.000	0 000	0	0.000	0.000	0.000
300+	170	0.000	0.000	0	0.000	0.000	0.000
300+	172	0 000	0.176	0	0.000	0.000	0.059
300+	173	0.000	0.000	0	0.000	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	174	0.683	62.7	0.122	0.049	0.073	0.098
300+	175	1.000	4.6	0.333	0.000	0.333	0.333
300+	176	1.000	1.5	1.000	1.000	0.000	0.000
300+	177	0.857	10.7	0.286	0.143	0.143	0.286
300+	178	0.000	1.5	0.000	0.000	0.000	0.000
300+	179	0.000	3.1	0.000	0.000	0.000	0.000
300+	180	0.500	12.2	0.125	0.125	0.000	0.125
300+	181	0.500	3.1	0.000	0.000	0.000	0 000
300+	182	0.712	90.2	0.136	0.034	0.102	0.186
300+	183	0.909	16.8	0.364	0.000	0.364	0.000
300+	188	0.600	15.3	0.200	0.000	0.200	0.100
300+	189	1.000	1.5	0.000	0.000	0.000	1.000
300+	193	0.500	3.1	0.000	0.000	0.000	0.000
300+	195	0.400	15.3	0.000	0.000	0.000	0.000
300+	196	1.000	1.5	0 000	0.000	0.000	0.000
300+	197	0.714	10.7	0.000	0.000	0.000	0.000
300+	198	0.000	1.5	0.000	0.000	0.000	0.000
300+	200	1.000	1.5	1.000	1.000	0.000	0.000
300+	201	0.000	3.1	0.000	0.000	0.000	0.000
300+	202	1.200	7.6	0.200	0.000	0.200	0.600
300+	203	0.444	13.8	0.222	0.222	0.000	0.000
300+	204	0.750	12.2	0.000	0.000	0.000	0.125

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	174	0.000	0.415	0	0.000	0.000	0.049
300+	175	0.000	0 000	0	0.000	0.000	0.333
300+	176	0.000	0.000	0	0.000	0.000	0.000
300+	177	0.000	0.286	0	0.000	0.000	0.000
300+	178	0.000	0 000	0	0.000	0.000	0.000
300+	179	0.000	0 000	0	0.000	0.000	0.000
300+	180	0.000	0.250	0	0.000	0.000	0.000
300+	181	0.000	0.500	0	0.000	0.000	0.000
300+	182	0.000	0.339	0	0.017	0.000	0.034
300+	183	0.000	0.455	0	0.000	0.000	0.091
300+	188	0.000	0.300	0	0.000	0.000	0 000
300+	189	0.000	0.000	0	0.000	0.000	0.000
300+	193	0.500	0.000	0	0.000	0.000	0.000
300+	195	0.000	0.400	0	0.000	0.000	0.000
300+	196	0.000	1.000	0	0.000	0.000	0 000
300+	197	0.000	0.714	0	0.000	0.000	0.000
300+	198	0.000	0 000	0	0.000	0.000	0.000
300+	200	0.000	0.000	0	0.000	0.000	0.000
300+	201	0.000	0.000	0	0.000	0.000	0.000
300+	202	0.000	0 400	0	0.000	0 000	0.000
300+	203	0.000	0 222	0	0.000	0.000	0.000
300+	204	0.000	0.625	0	0.000	0.000	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEICHT	CHANGES TO HIGHER WEICHT	INAPPROPRIATE ADMISSIONS
300+	205	0.800	7.6	0.200	0.200	0.000	0.200
300+	206	1.000	1.5	1.000	1.000	0.000	0.000
300+	207	0.769	19.9	0.077	0.000	0.077	0.231
300+	208	1.000	1.5	0.000	0.000	0.000	1.000
300+	209	0.813	73.4	0.000	0.000	0.000	0.000
300+	210	0.870	35.2	0.130	0.130	0.000	0.000
300+	211	1.000	3.1	0.500	0.000	0.500	0.000
300+	213	1.000	1.5	0.000	0.000	0.000	0.000
300+	214	0.455	16.8	0.000	0.000	0.000	0.000
300+	215	0.900	15.3	0.100	0.000	0.100	0.000
300+	216	0.000	3.1	0.000	0.000	0.000	0 000
300+	217	0.000	1.5	0.000	0.000	0.000	0 000
300+	218	0.000	3.1	0.000	0.000	0.000	0.000
300+	219	1.000	3.1	0.000	0.000	0.000	0.000
300+	221	0.500	6.1	0.000	0.000	0.000	0.250
300+	222	0.500	3.1	0.000	0.000	0.000	0.500
300+	223	0.500	6.1	0.000	0.000	0.000	0.000
300+	225	1.000	13.8	0.000	0.000	0.000	0.222
300+	226	0.500	3.1	0.500	0.000	0.500	0.000
300+	227	1.000	1.5	0.000	0.000	0.000	1.000
300+	229	0.750	6.1	0.250	0.000	0.250	0.000
300+	231	1.000	4.6	1.000	0.333	0.667	0.000

HOSPITAL SIZE CLASS	FI DRC	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	205	0.000	0.400	0	0	0.000	0.000
300+	206	0.000	0.000	0	0	0.000	0.000
300+	207	0.000	0.385	0	0	0.000	0.077
300+	208	0.000	0.000	0	0	0.000	0.000
300+	209	0.125	0.667	0	0	0.000	0.021
300+	210	0.043	0.696	0	0	0.000	0.000
300+	211	0.000	0.500	0	0	0.000	0.000
300+	213	0.000	1.000	0	0	0.000	0.000
300+	214	0.091	0.364	0	0	0.000	0.000
300+	215	0.100	0.700	0	0	0.000	0.000
300+	216	0.000	0.000	0	0	0.000	0.000
300+	217	0.000	0.000	0	0	0.000	0.000
300+	218	0.000	0.000	0	0	0.000	0.000
300+	219	0.000	1.000	0	0	0.000	0.000
300+	221	0.000	0.250	0	0	0.000	0.000
300+	222	0.000	0.000	0	0	0.000	0.000
300+	223	0.000	0.500	0	0	0.000	0.000
300+	225	0.000	0.667	0	0	0.000	0.111
300+	226	0.000	0.000	0	0	0.000	0.000
300+	227	0.000	0.000	0	0	0.000	0.000
300+	229	0.000	0.500	0	0	0.000	0.000
300+	231	0.000	0.000	0	0	0.000	0 000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRC AND BEDSIZE CLASS
CASE-WEICHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRC CHANGES	CHANCES TO LOWER WEICHT	CHANCES TO HIGHER WEICHT	INAPPROPRIATE ADMISSIONS
300+	236	0.800	15.3	0.100	0.100	0.000	0.100
300+	239	0.938	24.5	0.250	0.125	0.125	0.313
300+	240	1.143	10.7	0.286	0.286	0.000	0.571
300+	241	1.000	1.5	0.000	0.000	0.000	1.000
300+	242	1.000	1.5	0.000	0.000	0.000	0.000
300+	243	0.900	61.2	0.100	0.025	0.075	0.175
300+	244	0.500	6.1	0.000	0.000	0.000	0.000
300+	245	1.000	3.1	0.500	0.000	0.500	0.500
300+	247	1.000	4.6	0.333	0.000	0.333	0.333
300+	248	1.000	3.1	0.000	0.000	0.000	0.000
300+	249	0.000	1.5	0.000	0.000	0.000	0.000
300+	250	1.333	4.6	0.333	0.000	0.333	0.333
300+	253	1.000	7.6	0.200	0.000	0.200	0.400
300+	256	0.333	4.6	0.000	0.000	0.000	0.000
300+	257	0.600	7.6	0.200	0.000	0.200	0.000
300+	261	1.500	3.1	0.500	0.500	0.000	1.000
300+	262	0.250	6.1	0.000	0.000	0.000	0.000
300+	263	0.667	4.6	0.000	0.000	0.000	0.000
300+	264	1.000	3.1	0.500	0.000	0.500	0.500
300+	265	1.000	3.1	0.000	0.000	0.000	0.000
300+	266	1.000	3.1	0.000	0.000	0.000	0.500
300+	268	0.000	1.5	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARCES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	236	0.000	0.600	0	0	0.000	0.000
300+	239	0.000	0.313	0	0	0.000	0.063
300+	240	0.000	0.286	0	0	0.000	0.000
300+	241	0.000	0.000	0	0	0.000	0.000
300+	242	0.000	1.000	0	0	0.000	0.000
300+	243	0.000	0.525	0	0	0.025	0.075
300+	244	0.000	0.500	0	0	0.000	0.000
300+	245	0.000	0.000	0	0	0.000	0.000
300+	247	0.333	0.000	0	0	0.000	0.000
300+	248	0.000	1.000	0	0	0.000	0.000
300+	249	0.000	0.000	0	0	0.000	0.000
300+	250	0.000	0.667	0	0	0.000	0.000
300+	253	0.000	0.400	0	0	0.000	0.000
300+	256	0.000	0.333	0	0	0.000	0.000
300+	257	0.000	0.400	0	0	0.000	0.000
300+	261	0.000	0.000	0	0	0.000	0.000
300+	262	0.000	0.250	0	0	0.000	0.000
300+	263	0.333	0.333	0	0	0.000	0.000
300+	264	0.000	0.000	0	0	0.000	0.000
300+	265	0.000	1.000	0	0	0.000	0.000
300+	266	0.000	0.500	0	0	0.000	0.000
300+	268	0.000	0.000	0	0	0.000	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	269	1.333	4.6	0.667	0.000	0.667	0.333
300+	270	0.500	3.1	0.500	0.000	0.500	0.000
300+	271	1.000	6.1	0.500	0.250	0.250	0.250
300+	272	0.600	7.6	0.200	0.200	0.000	0.200
300+	273	0.000	1.5	0.000	0.000	0.000	0.000
300+	277	0.143	10.7	0.143	0.143	0.000	0.000
300+	280	1.000	3.1	0.000	0.000	0.000	0.000
300+	283	1.000	4.6	0.000	0.000	0.000	0.333
300+	285	1.500	3.1	0.500	0.500	0.000	0.000
300+	286	1.000	1.5	0.000	0.000	0.000	0.000
300+	289	0.000	1.5	0.000	0.000	0.000	0.000
300+	290	1.000	1.5	0.000	0.000	0.000	0.000
300+	292	1.000	1.5	0.000	0.000	0.000	0.000
300+	294	0.609	35.2	0.087	0.000	0.087	0.087
300+	295	1.000	1.5	0.000	0.000	0.000	0.000
300+	296	0.591	67.3	0.159	0.114	0.045	0.045
300+	297	1.000	1.5	1.000	0.000	1.000	0.000
300+	299	1.000	1.5	1.000	1.000	0.000	0.000
300+	300	0.667	4.6	0.000	0.000	0.000	0.000
300+	301	0.000	1.5	0.000	0.000	0.000	0.000
300+	302	0.000	3.1	0.000	0.000	0.000	0.000
300+	303	0.429	10.7	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	269	0.000	0.000	0	0	0.000	0.333
300+	270	0.000	0.000	0	0	0.000	0.000
300+	271	0.000	0.250	0	0	0.000	0.000
300+	272	0.000	0.200	0	0	0.000	0.000
300+	273	0.000	0.000	0	0	0.000	0.000
300+	277	0.000	0.000	0	0	0.000	0.000
300+	280	0.000	1.000	0	0	0.000	0.000
300+	283	0.000	0.333	0	0	0.000	0.333
300+	285	0.500	0.500	0	0	0.000	0.000
300+	286	0.000	1.000	0	0	0.000	0.000
300+	289	0.000	0.000	0	0	0.000	0.000
300+	290	0.000	1.000	0	0	0.000	0.000
300+	292	0.000	1.000	0	0	0.000	0.000
300+	294	0.000	0.435	0	0	0.000	0.000
300+	295	0.000	1.000	0	0	0.000	0.000
300+	296	0.000	0.341	0	0	0.000	0.045
300+	297	0.000	0.000	0	0	0.000	0.000
300+	299	0.000	0.000	0	0	0.000	0.000
300+	300	0.333	0.333	0	0	0.000	0.000
300+	301	0.000	0.000	0	0	0.000	0.000
300+	302	0.000	0.000	0	0	0.000	0.000
300+	303	0.286	0.000	0	0	0.143	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	304	1.000	4.6	0.000	0.000	0.000	0.000
300+	306	0.500	21.4	0.143	0.143	0.000	0.000
300+	307	0.500	3.1	0.500	0.000	0.500	0.000
300+	308	0.833	9.2	0.500	0.500	0.000	0.000
300+	309	2.000	1.5	1.000	1.000	0.000	1.000
300+	310	0.214	21.4	0.000	0.000	0.000	0.143
300+	311	1.000	6.1	0.500	0.000	0.500	0.500
300+	312	0.333	4.6	0.333	0.333	0.000	0.000
300+	313	0.000	1.5	0.000	0.000	0.000	0.000
300+	315	0.000	6.1	0.000	0.000	0.000	0.000
300+	316	0.143	10.7	0.143	0.143	0.000	0.000
300+	318	1.000	1.5	0.000	0.000	0.000	0.000
300+	320	0.545	33.6	0.273	0.000	0.273	0.000
300+	321	0.500	3.1	0.000	0.000	0.000	0.000
300+	323	0.375	12.2	0.125	0.000	0.125	0.125
300+	324	0.000	1.5	0.000	0.000	0.000	0.000
300+	325	1.000	15.3	0.300	0.100	0.200	0.400
300+	328	0.000	1.5	0.000	0.000	0.000	0.000
300+	331	1.000	12.2	0.250	0.125	0.125	0.125
300+	332	0.500	3.1	0.500	0.000	0.500	0.000
300+	334	0.500	3.1	0.500	0.500	0.000	0.000
300+	335	0.000	3.1	0.000	0.000	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR PROCEDURES	QUALITY PROBLEMS
300+	304	0.000	1.000	0.00	0	0	0.000
300+	306	0.214	0.143	0.00	0	0	0.000
300+	307	0.000	0.000	0.00	0	0	0.000
300+	308	0.167	0.000	0.00	0	0	0.167
300+	309	0.000	0.000	0.00	0	0	0.000
300+	310	0.000	0.071	0.00	0	0	0.000
300+	311	0.000	0.000	0.00	0	0	0.000
300+	312	0.000	0.000	0.00	0	0	0.000
300+	313	0.000	0.000	0.00	0	0	0.000
300+	315	0.000	0.000	0.00	0	0	0.000
300+	316	0.000	0.000	0.00	0	0	0.000
300+	318	0.000	1.000	0.00	0	0	0.000
300+	320	0.000	0.227	0.00	0	0	0.045
300+	321	0.000	0.500	0.00	0	0	0.000
300+	323	0.000	0.125	0.00	0	0	0.000
300+	324	0.000	0.000	0.00	0	0	0.000
300+	325	0.000	0.300	0.00	0	0	0.000
300+	328	0.000	0.000	0.00	0	0	0.000
300+	331	0.000	0.500	0.00	0	0	0.125
300+	332	0.000	0.000	0.00	0	0	0.000
300+	334	0.000	0.000	0.00	0	0	0.000
300+	335	0.000	0.000	0.00	0	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
GASE-WEICHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	GASES (1000S)	DRG GHANGES	GHANGES TO LOWER WEIGHT	GHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	336	0.489	68.8	0.044	0.022	0.022	0.000
300+	337	0.429	10.7	0.000	0.000	0.000	0.000
300+	338	0.400	7.6	0.000	0.000	0.000	0.000
300+	339	0.333	4.6	0.000	0.000	0.000	0.000
300+	342	0.667	4.6	0.000	0.000	0.000	0.333
300+	344	0.000	3.1	0.000	0.000	0.000	0.000
300+	345	1.000	3.1	0.500	0.000	0.500	0.000
300+	346	0.333	9.2	0.000	0.000	0.000	0.167
300+	348	1.000	6.1	0.250	0.000	0.250	0.500
300+	349	0.500	3.1	0.000	0.000	0.000	0.500
300+	350	0.000	4.6	0.000	0.000	0.000	0.000
300+	353	0.000	3.1	0.000	0.000	0.000	0.000
300+	354	0.636	16.8	0.091	0.091	0.000	0.000
300+	355	0.000	1.5	0.000	0.000	0.000	0.000
300+	356	0.333	9.2	0.000	0.000	0.000	0.000
300+	358	1.000	1.5	0.000	0.000	0.000	1.000
300+	360	0.000	1.5	0.000	0.000	0.000	0.000
300+	363	1.000	3.1	0.000	0.000	0.000	1.000
300+	364	0.500	9.2	0.167	0.000	0.167	0.167
300+	366	1.000	3.1	0.500	0.500	0.000	0.500
300+	367	2.000	1.5	1.000	0.000	1.000	0.000
300+	369	0.000	1.5	0.000	0.000	0.000	0.000

HOSPITAL SIZE GLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISGHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	336	0.178	0.222	0.00	0.00	0	0.044
300+	337	0.000	0.429	0.00	0.00	0	0.000
300+	338	0.200	0.200	0.00	0.00	0	0.000
300+	339	0.000	0.333	0.00	0.00	0	0.000
300+	342	0.000	0.333	0.00	0.00	0	0.000
300+	344	0.000	0.000	0.00	0.00	0	0.000
300+	345	0.000	0.500	0.00	0.00	0	0.000
300+	346	0.000	0.167	0.00	0.00	0	0.000
300+	348	0.000	0.250	0.00	0.00	0	0.000
300+	349	0.000	0.000	0.00	0.00	0	0.000
300+	350	0.000	0.000	0.00	0.00	0	0.000
300+	353	0.000	0.000	0.00	0.00	0	0.000
300+	354	0.091	0.455	0.00	0.00	0	0.000
300+	355	0.000	0.000	0.00	0.00	0	0.000
300+	356	0.000	0.333	0.00	0.00	0	0.000
300+	358	0.000	0.000	0.00	0.00	0	0.000
300+	360	0.000	0.000	0.00	0.00	0	0.000
300+	363	0.000	0.000	0.00	0.00	0	0.000
300+	364	0.000	0.167	0.00	0.00	0	0.000
300+	366	0.000	0.000	0.00	0.00	0	0.000
300+	367	0.000	1.000	0.00	0.00	0	0.000
300+	369	0.000	0.000	0.00	0.00	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE GLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE GLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	GHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	392	1.000	1.5	0.000	0.000	0.000	0.000
300+	395	0.500	30.6	0.000	0.000	0.000	0.100
300+	397	1.000	1.5	1.000	1.000	0.000	0.000
300+	398	0.333	4.6	0.000	0.000	0.000	0.000
300+	400	0.667	4.6	0.333	0.333	0.000	0.000
300+	402	0.000	1.5	0.000	0.000	0.000	0.000
300+	403	0.643	21.4	0.143	0.143	0.000	0.143
300+	404	1.000	1.5	1.000	1.000	0.000	0.000
300+	406	1.000	1.5	1.000	0.000	1.000	0.000
300+	407	1.000	1.5	1.000	1.000	0.000	0.000
300+	409	0.333	4.6	0.333	0.333	0.000	0.000
300+	410	0.216	56.6	0.054	0.000	0.054	0.081
300+	411	0.000	1.5	0.000	0.000	0.000	0.000
300+	412	1.000	1.5	1.000	0.000	1.000	0.000
300+	413	0.143	10.7	0.000	0.000	0.000	0.143
300+	415	0.917	18.4	0.500	0.500	0.000	0.000
300+	416	0.826	35.2	0.435	0.435	0.000	0.000
300+	418	0.333	4.6	0.000	0.000	0.000	0.000
300+	419	1.000	6.1	0.250	0.000	0.250	0.250
300+	421	0.250	6.1	0.000	0.000	0.000	0.000
300+	423	1.167	9.2	0.833	0.833	0.000	0.167
300+	424	0.600	7.6	0.400	0.400	0.000	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISGHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISGHARCES	INAPPR. PROGEDURES	QUALITY PROBLEMS
300+	392	0.000	1.000	0.00	0.00	0	0.000
300+	395	0.000	0.300	0.05	0.00	0	0.050
300+	397	0.000	0.000	0.00	0.00	0	0.000
300+	398	0.000	0.333	0.00	0.00	0	0.000
300+	400	0.333	0.000	0.00	0.00	0	0.000
300+	402	0.000	0.000	0.00	0.00	0	0.000
300+	403	0.071	0.214	0.00	0.00	0	0.071
300+	404	0.000	0.000	0.00	0.00	0	0.000
300+	406	0.000	0.000	0.00	0.00	0	0.000
300+	407	0.000	0.000	0.00	0.00	0	0.000
300+	409	0.000	0.000	0.00	0.00	0	0.000
300+	410	0.000	0.081	0.00	0.00	0	0.000
300+	411	0.000	0.000	0.00	0.00	0	0.000
300+	412	0.000	0.000	0.00	0.00	0	0.000
300+	413	0.000	0.000	0.00	0.00	0	0.000
300+	415	0.000	0.333	0.00	0.00	0	0.083
300+	416	0.000	0.261	0.00	0.00	0	0.130
300+	418	0.000	0.333	0.00	0.00	0	0.000
300+	419	0.000	0.500	0.00	0.00	0	0.000
300+	421	0.000	0.250	0.00	0.00	0	0.000
300+	423	0.000	0.167	0.00	0.00	0	0.000
300+	424	0.000	0.200	0.00	0.00	0	0.000

THE HEALTH DATA INSTITUTE
NATIONAL DRG VALIDATION STUDY
SUMMARY REPORT
RATE OF EVENTS BY FI DRG AND BEDSIZE CLASS
CASE-WEIGHTED NATIONAL ESTIMATES

HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANCES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	425	0.500	9.2	0.167	0.000	0.167	0.000
300+	426	0.750	6.1	0.250	0.250	0.000	0.000
300+	428	2.000	1.5	1.000	1.000	0.000	1.000
300+	429	1.333	4.6	0.333	0.333	0.000	0.333
300+	430	0.364	16.8	0.273	0.182	0.091	0.000
300+	432	1.000	1.5	0.000	0.000	0.000	0.000
300+	436	1.000	4.6	0.333	0.333	0.000	0.000
300+	437	1.000	1.5	0.000	0.000	0.000	0.000
300+	438	0.500	9.2	0.000	0.000	0.000	0.333
300+	439	0.000	3.1	0.000	0.000	0.000	0.000
300+	442	0.286	10.7	0.000	0.000	0.000	0.000
300+	443	0.000	1.5	0.000	0.000	0.000	0.000
300+	449	0.500	12.2	0.500	0.125	0.375	0.000
300+	450	1.000	1.5	1.000	0.000	1.000	0.000
300+	452	1.143	10.7	0.714	0.143	0.571	0.000
300+	454	1.500	3.1	1.000	0.500	0.500	0.000
300+	460	0.500	3.1	0.000	0.000	0.000	0.000
300+	461	1.000	3.1	0.500	0.000	0.500	0.500
300+	463	0.000	3.1	0.000	0.000	0.000	0.000
300+	464	0.500	3.1	0.500	0.000	0.500	0.000
300+	466	1.000	1.5	1.000	1.000	0.000	0.000
300+	467	0.750	6.1	0.500	0.250	0.250	0.000

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	425	0	0.167	0	0.00	0	0.167
300+	426	0	0.000	0	0.25	0	0.250
300+	428	0	0.000	0	0.00	0	0.000
300+	429	0	0.667	0	0.00	0	0.000
300+	430	0	0.000	0	0.00	0	0.091
300+	432	0	1.000	0	0.00	0	0.000
300+	436	0	0.667	0	0.00	0	0.000
300+	437	0	1.000	0	0.00	0	0.000
300+	438	0	0.167	0	0.00	0	0.000
300+	439	0	0.000	0	0.00	0	0.000
300+	442	0	0.286	0	0.00	0	0.000
300+	443	0	0.000	0	0.00	0	0.000
300+	449	0	0.000	0	0.00	0	0.000
300+	450	0	0.000	0	0.00	0	0.000
300+	452	0	0.286	0	0.00	0	0.143
300+	454	0	0.500	0	0.00	0	0.000
300+	460	0	0.500	0	0.00	0	0.000
300+	461	0	0.000	0	0.00	0	0.000
300+	463	0	0.000	0	0.00	0	0.000
300+	464	0	0.000	0	0.00	0	0.000
300+	466	0	0.000	0	0.00	0	0.000
300+	467	0	0.000	0	0.00	0	0.250

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HOSPITAL SIZE CLASS	FI DRG	EVENTS	CASES (1000S)	DRG CHANGES	CHANGES TO LOWER WEIGHT	CHANGES TO HIGHER WEIGHT	INAPPROPRIATE ADMISSIONS
300+	468	0.5	42.8	0.286	0.25	0.036	0

HOSPITAL SIZE CLASS	FI DRG	PREMATURE ADMISSIONS	INAPPR. DOCS BEFORE DISCHARGE	INAPPROPRIATE TRANSFERS	PREMATURE DISCHARGES	INAPPR. PROCEDURES	QUALITY PROBLEMS
300+	468	0	0.179	0	0	0	0.036

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